

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8984**
Registrar's No. **997**

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY JACKSON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN KANSAS CITY	c. LENGTH OF STAY (in this place) 6 yrs.	c. CITY OR TOWN KANSAS CITY	d. Is residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION 3904 PARK AVENUE		e. STREET ADDRESS (If rural, give location) 3904 PARK AVENUE 3650	

3. NAME OF DECEASED (Type or Print)	a. (First) JOSEPH	b. (Middle) SAMUEL	c. (Last) ARTHUR	4. DATE OF DEATH (Month) (Day) (Year) MAR. 6, 1956
-------------------------------------	--------------------------	---------------------------	-------------------------	---

5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH AUG. 16, 1893	9. AGE (In years last birthday) 62	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
--------------------	-------------------------------	---	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED EMPLOYEE OPERATOR	10b. KIND OF BUSINESS OR INDUSTRY OPERATOR	11. BIRTHPLACE (City and State or Foreign Country) KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--	---	--	--

13a. FATHER'S NAME SAMUEL ARTHUR	13b. MOTHER'S MAIDEN NAME HAGGNUM	14. NAME OF HUSBAND OR WIFE MAMIE ARTHUR
---	--	---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) NONE	17. INFORMANT'S SIGNATURE OR NAME LICHARD ARTHUR	ADDRESS KANSAS 69499, 3904 PARK.
--	--	---	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) acute cardiac dilatation		INTERVAL BETWEEN ONSET AND DEATH 1 hour
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) arteriosclerotic heart disease		1 year
	DUE TO (c) atherosclerotic arteriosclerosis		2 years +
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4200

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
------------------------	----------------------------------	--

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from **March 16, 1957**, to **March 6, 1956**, that I last saw the deceased alive on **Feb 25, 1956**, and that death occurred at **1:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Herbert Shuey	Degree or title M.D.	23b. ADDRESS 3903 Brooklyn H.C. Mo.	23c. DATE SIGNED 3-6-56
-------------------------------------	-----------------------------	--	--------------------------------

24a. BURIAL CREMATION, REMOVAL (Specify) REMOVAL	24b. DATE MARCH 6 1956	24c. NAME OF CEMETERY OR CREMATORY TOPEKA CEMETERY	24d. LOCATION (City, town, or county) (State) TOPEKA KANSAS
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 3-7-56	REGISTRAR'S SIGNATURE Herb Marshall	25. FUNERAL DIRECTOR'S SIGNATURE N.W. Huntom	ADDRESS 539 S. 1st St. Topeka, Mo.
--	--	---	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Robert E. Hanson*

Licensed Embalmer No. *484*

P. O. Address..... *R. E. Hanson*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.