

FILED APR 11 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9356**BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1317

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Clay</u>		
b. CITY (If outside corporate limits, write RURAL, and give town) <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>5 days</u>	c. CITY OR TOWN <u>North Kansas City</u>		d. Is Residence within limits of a city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>			e. STREET ADDRESS (If rural, give location) <u>829 E. 22nd Ave 3310</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Nora</u> b. (Middle) <u>May</u> c. (Last) <u>Van Arsdale</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 24 1956</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Feb 12 1885</u>	9. AGE (In years last birthday) <u>71</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Nelson, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Edwin Davidson</u>		13b. MOTHER'S MAIDEN NAME <u>Estey Biggs</u>		14. NAME OF HUSBAND OR WIFE <u>Gene Van Arsdale</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) _____		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Edm Van Arsdale</u> ADDRESS <u>829 E. 22nd. av</u>		
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.			MEDICAL CERTIFICATION		
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>		
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			DUE TO (b) <u>Hypertension</u>		
			DUE TO (c) <u>Chromolyzed Arteriosclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____		
22. I hereby certify that I attended the deceased from <u>Jan</u> , 19 <u>50</u> , to <u>March 24</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Mar 24</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Bernard L. Mullins</u> (Degree or title) <u>Steward L. Mullins M.D.</u>			23b. ADDRESS <u>1806 S. W. St. N. K.C. Mo</u>		23c. DATE SIGNED <u>3-26-56</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ridge Park Cemetery</u>	24d. LOCATION (City, town, or county) <u>Marshall, Mo</u> (State) _____		
DATE REC'D BY LOCAL REG. <u>3-26-56</u>	REGISTRAR'S SIGNATURE <u>Neve Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D. W. Newcomer</u> ADDRESS <u>Sons N. K.C. Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

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..... *Glenn H. Hill*

Licensed Embalmer No..... *4*

P. O. Address..... *K 6 16*

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.