

FILED JUN 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **20880**

BIRTH NO.		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 251					
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission). a. STATE Missouri b. COUNTY Jasper							
b. CITY (If outside corporate limits, write RURAL and give town(ship)) Joplin		c. LENGTH OF STAY (If in place) 9 mo.		c. CITY OR TOWN Joplin		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 828 Empire				e. STREET ADDRESS (If rural, give location) 828 Empire							
3. NAME OF DECEASED (Type or Print) a. (First) Willis b. (Middle) Louis c. (Last) Arehart			4. DATE OF DEATH (Month) June (Day) 10 , (Year) 1956								
5. SEX Male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 13, 1914					
9. AGE (In years last birthday) 41		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 18 HRS. Hours _____ Min. _____							
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Seneca, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.				
13a. FATHER'S NAME William M. Arhart			13b. MOTHER'S MAIDEN NAME Grace Skinner		14. NAME OF HUSBAND OR WIFE Clara Edna Arhart						
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 492-28-8820		17. INFORMANT'S SIGNATURE OR NAME Mrs. Grace Arhart, 828 Empire, Joplin Mo.				ADDRESS			
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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Sclerosis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 2 yrs.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 345x				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) (Min.)		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 8/18, 1954 to 6/10, 1956 that I last saw the deceased alive on 6/10, 1956 and that death occurred at 7:55 p.m. , from the causes and on the date stated above.											
23a. SIGNATURE (Degree or title) H. K. Williams MD				23b. ADDRESS 217 Fresno Bldg, Joplin Mo.		23c. DATE SIGNED 6/11/56					
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 6-10-56		24c. NAME OF CEMETERY OR CREMATORY Swars Prairie Baptist Cem.		24d. LOCATION (City, town, or county) (State) Newton Co., Missouri					
DATE REC'D BY LOCAL REG. 6-13-56		REGISTRAR'S SIGNATURE Dove Merriman		25. FUNERAL DIRECTOR'S SIGNATURE W E Bedderson				ADDRESS Seneca Mo			

(Licensed Embalmer's Statement on Reverse Side)

300
48

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

Date Filed
JUN 20 1956

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..... *W E Bell*

Licensed Embalmer No. *71*

P. O. Address *Seattle*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.