

FILED OCT 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **34353**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 482

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

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, write RURAL and give town) <b>Independence</b>		c. LENGTH OF STAY (in this place) <b>4 yrs.</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Indep. San. &amp; Hosp.</b>		e. STREET ADDRESS (If rural, give location) <b>11710 East 30th Terrace</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>STELLA</b>	b. (Middle) <b>PEARL</b>	c. (Last) <b>ARNOLD</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Oct. 4, 1956</b>
5. SEX <b>F.</b>	6. COLOR OR RACE <b>W.</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Oct. 1, 1885</b>
9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Imogene, Iowa</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Joseph Smalley</b>		13b. MOTHER'S MAIDEN NAME <b>Ella Wolfe</b>	14. NAME OF HUSBAND OR WIFE <b>Sherman T. Arnold</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>481-09-9967</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Lora Stephens</b> ADDRESS <b>Indep. Mo.</b>	
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) <b>1) Coronary Occlusion</b> <b>2) Embolism Left Heart</b> <b>General Arteriosclerosis</b> 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.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<b>4201</b>	
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 _____, 19 <u>55</u> , to _____, 19 <u>56</u> that I last saw the deceased alive on <u>Oct 4</u> , 19 <u>56</u> , and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Fred W. Smith M.D.</b>		23b. ADDRESS <b>10229 Independence Kc Mo</b>	23c. DATE SIGNED <b>10-6-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>10/6/56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn, Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>
DATE REC'D BY LOCAL REG. <b>10-6-56</b>	REGISTRAR'S SIGNATURE <b>James Craig</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Richard Wesley</b>	ADDRESS <b>Indep. Mo.</b>

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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.....  
*Dixon L. Topley*  
Licensed Embalmer No. 4225...

P. O. Address..Indep.. Mo/..

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.