

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13382

STATE FILE NUMBER

1704

FILED MAY 1 - 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

Health, Welfare  
Public  
Service

300  
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Arnold V. Arms M. D.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		c. CITY OR TOWN Liberty	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Waverly nursing		Length of stay in lb 3 1/2 yrs	
3. NAME OF DECEASED (Type or print) First Middle Last LUCINDA ROWLAND		4. DATE OF DEATH Month Day Year 4-11-57	
5. SEX F	6. COLOR OR RACE W	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Dec 24-1865
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		9b. AGE (In years last birthday) 91	9c. IF UNDER 1 YEAR Months Days Hours Min.
10. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Home goods mo.	12. CITIZEN OF WHAT COUNTRY? USA
13. FATHER'S NAME Noah Hunt		14. MOTHER'S MAIDEN NAME Nancy Low	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.	
17. INFORMANT		Address Mrs. John Soley - Geneva, Mo.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Encephalomalacia			INTERVAL BETWEEN ONSET AND DEATH 7/28/53
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			DUE TO (b) Arteriosclerosis, Cerebral 10 yrs +
			DUE TO (c) Arteriosclerosis, Generalized 10 yrs +
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
21. I attended the deceased from 9-28-53 to 4-11-57 and last saw her alive on 4-11-57. Death occurred at 9:40 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Arnold V. Arms, M.D.		22b. ADDRESS 4630 Weyandotte City, Mo.	22c. DATE SIGNED 4-12-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4-11-57	23c. NAME OF CEMETERY OR CREMATORY Fairview	23d. LOCATION (City, town, or county) (State) Liberty, Mo.
24. FUNERAL DIRECTOR Church-Cremer Co.		25. DATE RECD. BY LOCAL REG. 4-12-57	26. REGISTRAR'S SIGNATURE Vera Minshel

(Licensed Embalmer's Statement on Reverse Side)

AP 2

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 *John Lombard* .....

Licensed Embalmer No. *444*

P. O. Address *Liberty*

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.