

Health,
Welfare
Public
Service

300
-57

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

J. W. Young

STANDARD CERTIFICATE OF DEATH

28185
STATE FILE NUMBER
3800

FILED AUG 30 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3800

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>Kansas City</i> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>Trinity Luth-Hosp</i>		Length of stay in lb <i>31 yrs</i>	d. STREET ADDRESS (If outside, give location) <i>2314 Jackson</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <i>Samuel</i> Middle <i>B.</i> Last <i>Arnold</i>			4. DATE OF DEATH Month <i>Aug.</i> Day <i>12,</i> Year <i>1957</i>
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Mar. 3, 1900</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Inspector</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Mo-Kan-Texas R.R.</i>	11. BIRTHPLACE (City and state or country) <i>Yoakum, Texas</i>
12. CITIZEN OF WHAT COUNTRY? <i>US</i>		14. NAME OF HUSBAND OR WIFE <i>Jewell Arnold</i>	
13a. FATHER'S NAME <i>S.M. Arnold</i>		13b. MOTHER'S MAIDEN NAME <i>Mary Crawford</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>Yes 1921--1923</i>		16. SOCIAL SECURITY NO. <i>702-10-1754</i>	17. INFORMANT Address <i>Mrs Jewell Arnold, K.C. Mo.</i>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Pulmonary Edema</i> <i>Broncho Pneumonia</i> <i>Progressive Indurated Jarding Catarrh</i> DUE TO (b) <i>History of Malignant Melanoma</i> DUE TO (c) <i>Defect</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (not related to the terminal disease condition given in PART I (a).) <i>491</i>			INTERVAL BETWEEN ONSET AND DEATH <i>Mar. 1957</i>
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 _____ a.m. _____ p.m. Month, Day, Year _____			
20d. INJURY OCCURRED WHILE AT WORK <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 <i>Mar. 1957</i> to <i>Aug 12, 1957</i> and last saw him alive on <i>Aug. 11, 1957</i> Death occurred at _____ m on the _____ date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <i>J. W. Young M.D.</i>		22b. ADDRESS <i>1401 S.W. Bluff K.C. Mo.</i>	
22c. DATE SIGNED <i>8/13/57</i>			
23a. BURIAL, CREMATION, OR REMOVAL (Sp. 47) <i>Removal</i>	23b. DATE <i>Aug. 14, 1957</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cem.</i>	23d. LOCATION (City, town, or county) (State) <i>Kansas City, Kansas</i>
24. FUNERAL DIRECTOR <i>Gates Funeral Home, K.C. Kans.</i>		25. DATE RECD. BY LOCAL REG. <i>8-14-57</i>	26. REGISTRAR'S SIGNATURE <i>Neva Minshall</i>

(Licensed Embalmer's Statement on Reverse Side).

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1588-122
8351

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 *Murray Wilson*

Licensed Embalmer No. *4989*
P. O. Address *Shawnee, 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.