

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **28218**

FILED AUG 23 1957

BIRTH NO. _____ REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **3667**

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (In this place) 50 YEARS		d. STREET ADDRESS (If rural, give location) 1467 E. 78TH STREET	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Luke's Hospital			

3. NAME OF DECEASED (Type or Print) Orland	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Aug. 2 1957
		ARTHUR	Clough	

5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH Jan. 16 - 1881	9. AGE (In years last birthday) 76	10. UNDER 1 YEAR Months	11. UNDER 24 HRS. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.A.
--------------------	-------------------------------	---	--	---	-------------------------	-------------------------	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-10YRS. CLERK	10b. KIND OF BUSINESS OR INDUSTRY POSTAL TRANSPORTATION SERVICE	11. BIRTHPLACE (State or foreign country) WICHITA KANSAS	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME IRA CLOUGH	13b. MOTHER'S MAIDEN NAME JONES	14. NAME OF HUSBAND OR WIFE MRS. MINNIE CLOUGH
--------------------------------------	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS. MINNIE CLOUGH	ADDRESS 467 EAST 78TH ST. KANSAS CITY MO.
---	-------------------------------------	---	---

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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinomatous		INTERVAL BETWEEN ONSET AND DEATH 3 mos 7.
	ANTECEDENT CAUSES DUE TO (b) Carcinoma of Pancreas 6 months		
	DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Pylonephritis Acute - Chronic Indef.			1957

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
------------------------	----------------------------------	---

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 **Jan 1, 1950**, to **August 2, 1957**, that I last saw the deceased alive on **8/2, 1957**, and that death occurred at **2:04 pm.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Ronald V. Arnold M.D.	23b. ADDRESS 4635 Wyandotte City, Mo. 8/1/57	23c. DATE SIGNED
---	---	------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE AUG. 5 - 1957	24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
---	--------------------------------	---	---

DATE REC'D BY LOCAL REG. 8-5-57	REGISTRAR'S SIGNATURE Neva Marshall	25. FUNERAL DIRECTOR'S SIGNATURE W.H. Newcomer's Sons	ADDRESS 1331 BRUSH CREEK KANSAS CITY MO.
--	--	--	---

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
Arnold V. Arms

CRS 114 67



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
Student Embalmer

Signed Chester R. Brown

Licensed Embalmer No. 4981

P. O. Address K e m m

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 this body is not embalmed, fact should be so stated above.