

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-013535
State File No.

FILED MAY 14 1958

BIRTH NO. _____ REG. DIST. NO. 59 PRIMARY REG. DIST. NO. 4097 Registrar's No. 60

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>CASS</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR <u>HARRISONVILLE</u>	c. LENGTH OF STAY (In this place) <u>2 days</u>	c. CITY OR TOWN <u>HARRISONVILLE</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>Pleasant View Rest Home</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>JULIA</u>	b. (Middle) <u>WOODS</u>	c. (Last) <u>ARNOLD</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 2 1958</u>
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5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Sept 2, 1878</u>	9. AGE (In years last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u>	IF UNDER 2 HRS. Hours <u>8</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housekeeper</u>	10b. KIND OF BUSINESS OR INDUSTRY <input checked="" type="checkbox"/>	11. BIRTHPLACE (City and State or Foreign Country) <u>CASS COUNTY, MO.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>ISSAC ARNOLD</u>	13b. MOTHER'S MAIDEN NAME <u>Maggie HOCKER</u>	14. NAME OF HUSBAND OR WIFE <u>Wm</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Chester Long Harrisonville, Mo.</u>	ADDRESS
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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) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>2nd day</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Senility</u>		
	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: <u>Y</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) <u>331X</u>
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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?
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22. I hereby certify that I attended the deceased from Aug, 1954 to 5-2-58, that I last saw the deceased alive on 5-2-58, 1958, and that death occurred at 6 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Edward S. Jones M.D.</u>	(Degree or title)	23b. ADDRESS <u>Harrisonville, Mo.</u>	23c. DATE SIGNED <u>5/4/58</u>
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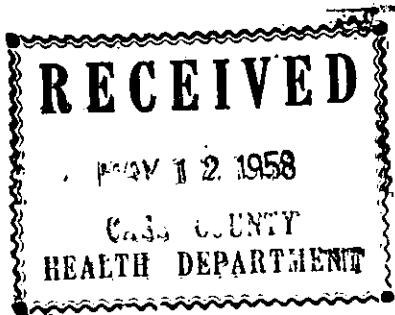
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>MAY 11 1958</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Bufford Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>HARRISONVILLE MO.</u>
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DATE REC'D BY LOCAL REG. <u>May 5, 1958</u>	REGISTRAR'S SIGNATURE <u>Dora Barward</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Atkinson Dickey Harrisonville, Mo.</u>	ADDRESS
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

01910

5110



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..... Robert Peterson.....

Licensed Embalmer No. 4902.....

P. O. Address Harrison, Mich.....

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.