

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-024603

STATE FILE NUMBER

42

1000

821

Registration District No.

Primary Registration District No.

Registrar's No.

AUG 11 1958

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN Kansas City 94380	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2		d. STREET ADDRESS (If outside, give location) 2910 Holmes Street	
3. NAME OF DECEASED (Type or print) First Middle Last MR. JOSEPH EDWARD ARR		4. DATE OF DEATH Month Day Year July 26, 1958	
5. SEX Male 0	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Oct. 23, 1909
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 48
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY	10c. IF UNDER 1 YEAR Months Days 48
11. BIRTHPLACE (City and state or country) Missouri 0		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME James Peter Arr		13b. MOTHER'S MAIDEN NAME Lilly Wirt	
14. NAME OF HUSBAND OR WIFE Betty Jane Arr		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. unk.		17. INFORMANT Address Records, State Hospital #2, St. Joseph 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) Gastric hemorrhage and traumatic shock Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Ingesting of unknown quantity of DUE TO (c) Solution of cleaning compound			INTERVAL BETWEEN ONSET AND DEATH 19 hrs 45 min 19 hrs 45 minutes
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease or condition given in PART I (a) 9718			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Patient told attendant he swallowed a solution of cleaning powder		
20c. TIME OF INJURY Hour Month, Day, Year 9:30 a.m. 7 25 58	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State Hospital #2		
20e. CITY, TOWN, OR LOCATION Saint Joseph	20f. COUNTY Buchanan	20g. STATE MO	
21. I attended the deceased from Death occurred at 515 am		21. I attended the deceased from Death occurred at 515 am	
22a. SIGNATURE W. Melaney		22b. ADDRESS Saint Joseph 8, Mo	
22c. DATE SIGNED 8-2-58		22d. ADDRESS 214 Kirkpatrick AVE	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Forest Hill Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Stine & McClure Und. Co., K. C., Mo.	25. DATE RECD. BY LOCAL REG. Aug 4, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Handell	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc.: must use only Standard manufacturers in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 1 1958

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 *J. S. Walton*

Licensed Embalmer No. *2744*

P. O. Address *X. C. 710*

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.