

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035488

STATE FILE NUMBER

FILED OCT 27 1958 Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 1131 1231

5. 300
1-57
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119923
Clinic

ALL DIAGNOSES IN PART I MUST BE CAUSALLY RELATED.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

Dr. William H. Ames

1. PLACE OF DEATH a. COUNTY Euchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Thompson-Knepper Cl.		Length of stay in lb Life	
3. NAME OF DECEASED (Type or print) First Arnold Middle Jacob Last Arst		4. DATE OF DEATH Month Oct. Day 22, Year 1958	
5. SEX male	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 Sept. 21, 1902
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Sec.-Treas.		10b. KIND OF BUSINESS OR INDUSTRY Retail Merchandise	11. BIRTHPLACE (City and state or country) St. Joseph, Missouri
13a. FATHER'S NAME Samuel Arst		13b. MOTHER'S MAIDEN NAME Ethel (unknown)	14. NAME OF HUSBAND OR WIFE Bess Arst
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. 491-09-1641	17. INFORMANT Address Mrs. Bess Arst, St. Joseph, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Shock as myocardial infarction & ventricular fibrillation - 3 minutes Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Hypertensive cardiovascular disease DUE TO (c) Essential hypertension			INTERVAL BETWEEN ONSET AND DEATH unknown greater than 16 hrs.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4281			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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 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 See below to — and last saw her alive on — Death occurred at D.O.A. 9:15 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) William H Ames, M.D.		22b. ADDRESS 502 Edmund St	22c. DATE SIGNED 10-23-58
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE Oct. 23, 1958	23c. NAME OF CEMETERY OR CREMATORY Shaare Sholem Cemetery	23d. LOCATION (City, town, or county) (State) St. Joseph, Missouri
24. FUNERAL DIRECTOR Mrs. Knepper-Hogman Inc	ADDRESS St. Joseph, Mo.	25. DATE RECD. BY LOCAL REG. Oct. 23, 1958	26. REGISTRAR'S SIGNATURE Mrs. Clark Goodell

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 

Licensed Embalmer No. 4679

P. O. Address St. Joseph, 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.