URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH 59-039894

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. C001 Registrar's No. 5355 STATE FILE NUMBER

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY — Length of stay in 1b: 35 years
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA HOSPITAL — Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY JACKSON
c. CITY OR TOWN KANSAS CITY — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 8905 East 29th St. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First: GEORGE Middle: W Last: ARROWSMITH JR
4. DATE OF DEATH Month: NOVEMBER Day: 8 Year: 1959

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 3-11-24
9. AGE (last birthday): 35
IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Accountant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Independence, Mo.
12. CITIZEN OF WHAT COUNTRY: U.S.A.

13a. FATHER'S NAME: George W. Arrowsmith SR
13b. MOTHER'S MAIDEN NAME: Flossie Thomas
14. NAME OF HUSBAND OR WIFE: Adele Arrowsmith

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): 3-24-43 to 3-8-46
16. SOCIAL SECURITY NO.: 490-16-4901
17. INFORMANT: Official records, VA Hospital, K. C. MO. Address

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary congestion and edema
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Post-commissurotomy pericarditis
DUE TO (c) Chronic Rheumatic Heart Disease
INTERVAL BETWEEN ONSET AND DEATH
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 10-8-59, to 11-8-59 and last saw him alive on
Death occurred at 4:25 Am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): J. A. Turner M.D.
22b. ADDRESS: VA Hospital, K. C. Mo.
22c. DATE SIGNED: 11/8/59

23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: NOV 10, 1959
23c. NAME OF CEMETERY OR CREMATORY: BROOKINGS CEM
23d. LOCATION (City, town, or county) (State): KANSAS CITY MO

24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS K. C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG.: 11-9-59
26. REGISTRAR'S SIGNATURE: Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Turner DOCUMENT

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Albert L Savage

Licensed Embalmer No. 4812

P. O. Address Kansas Ci

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to com 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.