URI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

'59 044082
STATE FILE NUMBER

FILED VS JAN - 6 1960 149 Registration District No. 1002 Registrar's No. 6069

AMENDED

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 ~~10 DAYS~~ 60 yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION RESEARCH HOSP
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) 5515 PALOMA ST.
Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: Nellie Middle: Lee Last: Arnold
4. DATE OF DEATH Month: December Day: 15, Year: 1959
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH JAN 8, 1876
9. AGE (last birthday) 83 yrs.
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) HOUSEWIFE
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (City and state or country) HARRISONVILLE MO.
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME J. B. JONES
13b. MOTHER'S MAIDEN NAME MARY F. TUGGLE
14. NAME OF HUSBAND OR WIFE ALEXANDER ARNOLD
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. NONE
17. INFORMANT LAURA ANDERSON Address 5515 PALOMA ST.

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) Carcinoma of the right breast with generalized metastasis to pleura, skin, spleen, adrenal glands.
INTERVAL BETWEEN ONSET AND DEATH 15 Mos.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b)
DUE TO (c)
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 8-30-58 to 12-15-59 and last saw her/him alive on 12-15-59
Death occurred at 6:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF Ralph Perry

22a. SIGNATURE Ralph Perry M.D. (Degree or title)
22b. ADDRESS 4800 E. 24th, Kansas City, Mo.
22c. DATE SIGNED 12/16/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE DEC 17 1959
23c. NAME OF CEMETERY OR CREMATORY EAST CEM
23d. LOCATION (City, town, or county) (State) HARRISONVILLE MO.
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K. C. MO. ADDRESS
25. DATE RECD. BY LOCAL REG. 12-17-59
26. REGISTRAR'S SIGNATURE Nova Minchall

(Licensed Embalmer's Statement on Reverse Side)

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

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____ Signed Vern Lawler

Signature of Student Embalmer

Licensed Embalmer No. 4915

P. O. Address KC. Mo.

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.