DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS JAN 19 1960

[redacted]

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6141 STATE FILE NUMBER 59-046696

DOCUMENT

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Length of stay in this place: 52 years
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Joseph 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): 2540 Poplar — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Elmer Middle: E. Last: Arnold
4. DATE OF DEATH: Month: December Day: 21 Year: 1959
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 10/31/1889
9. AGE (last birthday): 70 — 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): Maintenance Man
10b. KIND OF BUSINESS OR INDUSTRY: Ford Motor Company
11. BIRTHPLACE (City and state or country): Strong City, Kansas
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Guy C. Arnold
13b. MOTHER'S MAIDEN NAME: Nettie Denn
14. NAME OF HUSBAND OR WIFE: Hattie M. 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.: 486-05-2632
17. INFORMANT: Hattie M. Arnold Address: 2540 Poplar K.C., Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Myocardial Infarction	4 Days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Coronary Occlusion	4 Days
DUE TO (c)	Arteriosclerotic Cardio-Vascular Dis.	10 yrs

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 Dec. 21, 1959 to Dec 21, 1959 and last saw him alive on Dec. 21, 1959
Death occurred at 7:55 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

BY AFFIDAVIT OF

22a. SIGNATURE (Degree or title): A. D. Eshelman M.D.
22b. ADDRESS: 9306 E. New 40 Highway Independence, Mo.
22c. DATE SIGNED: Dec 21, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 12/23/59
23c. NAME OF CEMETERY OR CREMATORY: Brooking Cemetery
23d. LOCATION (City, town, or county) (State): Raytown, Missouri

24. FUNERAL DIRECTOR: Earp & Sons 4707 Truman Rd. K.C., Mo.
25. DATE RECD. BY LOCAL REG.: 12-22-59
26. REGISTRAR'S SIGNATURE: Neva Mendhall

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed William H. Eays

Signature of Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K. C. 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.