

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED APR 17 1961/49

-61-013600

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1568

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Walter C. Ingham

|  |   |  |  |
|--|---|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>               |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>   |   | Length of stay in 1b <u>54 Yrs.</u>  | c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>3841 East 9th</u>   |   | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location) <u>3841 East 9th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                |
| 3. NAME OF DECEASED (Type or print) First <u>Max</u> Middle <u>Edward</u> Last <u>Arenson</u>  |   |  | 4. DATE OF DEATH Month <u>March</u> Day <u>27</u> Year <u>1961</u>   |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>12/8/98</u>  |
| 9. AGE (last birthday) <u>62</u>   |   | 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) <u>Optometrist</u>   |   | 10b. KIND OF BUSINESS OR INDUSTRY <u>Optician</u>  | 11. BIRTHPLACE (City and state or country) <u>Omaha, Nebraska</u>  |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>  |   | 13a. FATHER'S NAME <u>Simon Arenson</u>  |  |
| 13b. MOTHER'S MAIDEN NAME <u>Tillie</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>Ruth Arenson</u>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>   |   | 17. INFORMANT <u>Prattville Village, Ks.</u><br><u>Herbert Arenson, 7901 W. 71st</u>   |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Coronary artery occlusion</u>  |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>20 min</u>   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Coronary atherosclerosis</u>  |   |  | <u>5 years +</u>   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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 _____ a.m. _____ p.m. Month, Day, Year _____  |   |  |  |
| 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 <u>January 1956</u> to <u>March 27 1961</u> and last saw her/him alive on <u>March 21 - 1961</u><br>Death occurred at <u>4:25 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated. |   |  |  |
| 22a. SIGNATURE (Degree or title) <u>Walter C. Ingham, M.D.</u>   |   | 22b. ADDRESS <u>241 Plaza, Tr. Bldg, KC, Mo</u>  | 22c. DATE SIGNED <u>3-28-61</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>  | 23b. DATE <u>3/29/1961</u>  | 23c. NAME OF CEMETERY OR CREMATORY <u>Sheffield Cemetery</u>   | 23d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>J.P. Louts Funeral Home, K.C., Mo.</u>   |   | 25. DATE RECD. BY LOCAL REG. <u>3-29-61</u>  | 26. REGISTRAR'S SIGNATURE <u>Ruth Long</u>   |

**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

Signature *Greg Beffington*

Licensed Embalmer No. 2756

P. O. Address KCMO

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.