

THE DIVISION OF HEALTH OF MISSOURI  
 FILED MAR 28 1950 STANDARD CERTIFICATE OF DEATH

State File No. **8032**

**BIRTH NO.** \_\_\_\_\_ **REG. DIST. NO.** 41 **PRIMARY REG. DIST. NO.** 3012 **Registrar's No.** 35

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Clay</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Excelsior Springs</u>	
c. LENGTH OF STAY (In this place) <u>7 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>114 1/2 South Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>114 1/2 South St</u>		d. STREET ADDRESS (If rural, give location) <u>114 1/2 South Street</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) a. (First) <u>JOHN</u> b. (Middle) <u>MARSHALL</u> c. (Last) <u>ARNOLD</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>March 16, 1950</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Widowed</u>	<b>8. DATE OF BIRTH</b> <u>July 17, 1859</u>
<b>9. AGE</b> (In years last birthday) <u>90</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired lumberman</u>	<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas</u>
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Retired lumberman</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Lumber</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>USA</u>
<b>13a. FATHER'S NAME</b> <u>Dawson Arnold</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Sally Ann Pierson</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> <u>Anna Arnold</u>		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	
<b>16. SOCIAL SECURITY NO.</b> <u>None</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. S. A. Wilson</u> <b>ADDRESS</b> <u>Kansas City, Kansas</u>	
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary Occlusion</u>  <b>ANTECEDENT CAUSES</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____  <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death. <u>Auricular Fibrillation</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	
<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP), (COUNTY), (STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from <u>July 12, 1947</u>, to <u>Mar. 16, 1950</u>, that I last saw the deceased alive on <u>Mar. 16, 1950</u>, and that death occurred at <u>3:30 p.m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>Dawson M.D.</u>		<b>23b. ADDRESS</b> <u>Excelsior Springs Mo</u>	
<b>23c. DATE SIGNED</b> <u>3-17-50</u>		<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	
<b>24b. DATE</b> <u>3/18/50</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Ashland Memorial Cemetery</u>	
<b>24d. LOCATION</b> (City, town, or county) (State) <u>St. Joseph, Missouri</u>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Claude Richard, Esq.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3/18/50</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Cavallene Hutchings</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Claude Richard, Esq.</u>		<b>ADDRESS</b> <u>Excelsior Springs, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

241

0241

RECEIVED

District Health Officer No. 8, <sup>MAR 27</sup>

State File Number .....

Date Filed 3-27-50

MAR 28 1950

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 .....  
Student Embalmer

Signed Lindell K. Jarman

Licensed Embalmer No. 4589

P. O. Address Excelsior Springs

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 this body is not embalmed, fact should be so stated above.