

FILED JUL 24 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 227773

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 835

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| 1. PLACE OF DEATH a. COUNTY Buchanan | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph | |
| c. LENGTH OF STAY (In this place) 3 1/2 Years | | d. STREET ADDRESS (If rural, give location) 301 1/2 South 17th Street | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 301 1/2 South 17th Street | | e. STREET ADDRESS 301 1/2 South 17th Street | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) Bertha b. (Middle) Barbara c. (Last) Arnold | | | 4. DATE OF DEATH (Month) (Day) (Year) July 15, 1950 | | | |
| 5. SEX Female | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married | 8. DATE OF BIRTH Dec. 27, 1890 | 9. AGE (In years last birthday) 59 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Secretary | | 10b. KIND OF BUSINESS OR INDUSTRY St. Joseph City Counselor | | 11. BIRTHPLACE (State or foreign country) St. Joseph, Missouri | | 12. CITIZEN OF WHAT COUNTRY? U.S.A. |

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| 13a. FATHER'S NAME H.S. Arnold | 13b. MOTHER'S MAIDEN NAME Katherine Emmett | 14. NAME OF HUSBAND OR WIFE Single |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No | 16. SOCIAL SECURITY NO. 491-09-0106 | 17. INFORMANT'S SIGNATURE OR NAME Mr W.M.C. Cole | ADDRESS 2814 Edmond St. |
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| 18. CAUSE OF DEATH 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. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH 1 day 1 year |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cerebral Hemorrhage | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Hypertension | | DUE TO (c) | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Woman died while alone in bed | | 331X | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION She has not been seriously ill or disabled. Her bed in her home. | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min) | 21e. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |

22. I hereby certify that I attended the deceased ~~from 7/15~~ ^{since} 7/15, 1950, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 A.M., from the causes and on the date stated above.

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| 23a. SIGNATURE H. F. Mundy M.D. (Croner) | (Degree or title) | 23b. ADDRESS St. Joseph Mo | 23c. DATE SIGNED 7/15/50 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 7-18-1950 | 24c. NAME OF CEMETERY OR CREMATORY Mt. Olivet Cemetery | 24d. LOCATION (City, town, or county) (State) St. Joseph Missouri |

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| DATE REC'D BY LOCAL REG. July 20, 1950 | REGISTRAR'S SIGNATURE K. G. Jenkins | 382 | 25. FUNERAL DIRECTOR'S SIGNATURE Norman W. Sidenfaden | ADDRESS 1802 Union St |
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0117

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.

Signed Elmer Thomas

Signed _____
Student Embalmer

Licensed Embalmer No. 2640

P. O. Address St. Joseph, Mo.

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.