

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 32788

47  
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BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 47 PRIMARY REG. DIST. NO. 3008 Registrar's No. 373

1. PLACE OF DEATH a. COUNTY <u>Callaway</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fulton</u>		c. LENGTH OF STAY (in this place) <u>3 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		3318
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp. No 1</u>			d. STREET ADDRESS (If rural, give location) <u>1017 E. 19th St</u>		

3. NAME OF DECEASED (Type or Print) a. (First) <u>Julia</u> b. (Middle) <u>ANN</u> c. (Last) <u>Arnold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 4 1950</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>Negro</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec. 25, 1872</u>		9. AGE (In years last birthday) <u>77</u> if under 1 year: Months <u>10</u> Days <u>10</u> Hours <u>10</u> Min.
10a. USUAL OCCUPATION (If no kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>1</u>

13a. FATHER'S NAME <u>Ruben Hogan</u>		13b. MOTHER'S MAIDEN NAME <u>Ann Duncan</u>		14. NAME OF HUSBAND OR WIFE <u>Hospital Records</u>	
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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) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Hospital Records Fulton Mo</u>		
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u>				
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senile psychosis</u>				
	DUE TO (c)				
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<u>4222</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
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22. I hereby certify that I attended the deceased from May 31, 1947, to Nov. 4, 1950, that I last saw the deceased alive on Nov. 4, 1950, and that death occurred at 12:00 PM, from the causes and on the date stated above.

23a. SIGNATURE <u>J. C. Caldwell</u> <u>Per Paul Hankins MD</u>		23b. ADDRESS <u>State Hosp Fulton Mo</u>	23c. DATE SIGNED <u>11/4/50</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>Nov. 10 - 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lawrence Home</u>	24d. LOCATION (City, town, or county) (State) <u>Lawrence Home</u>	
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DATE REC'D BY LOCAL REG. <u>Nov. 5 - 1950</u>	REGISTRAR'S SIGNATURE <u>Maretha Lawrence</u>		426	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Carb. Davis, 1513 Chestnut Ave.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DISTRICT HEALTH OFFICE No. 4

File No.

NOV 13 1950

RECEIVED

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....

*C. B. Davis*

Signed.....  
Student Embalmer

*[Handwritten mark]*

Licensed Embalmer No. 4417

P. O. Address 78. E. 9th

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.