

FILED AUG 18 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27150

3323

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give town) Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) Kansas City	
c. LENGTH OF STAY (in this place) 8 Yrs		d. STREET ADDRESS (If rural, give location) 415 South Bellaire	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph Hospital			
3. NAME OF DECEASED (Type or Print) a. (First) Arthur		b. (Middle) Lee	
c. (Last) Rardon		4. DATE OF DEATH (Month) (Day) (Year) August 2 1951	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 14 1875
9. AGE (In years last birthday) 76		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Stationary Engineer	11. BIRTHPLACE (State or foreign country) West Virginia
12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME No Record		13b. MOTHER'S MAIDEN NAME Mary Elizabeth Gray	
14. NAME OF HUSBAND OR WIFE Hattie W. Rardon			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 493-14-6890	
17. INFORMANT'S SIGNATURE OR NAME Mrs Hattie W. Rardon		ADDRESS Kansas City, Mo.	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Massive Myocardial Infarction Rupture of Myocardium DUE TO (b) Due to Arteriosclerosis Gen. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION None	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from July 22, 1951 , to Aug 2, 1951 , that I last saw the deceased alive on Aug 1, 1951 , and that death occurred at 3:30 A. m. , from the causes and on the date stated above.			
23a. SIGNATURE Paul A. G. Johnson M.D.		23b. ADDRESS 3011 A. Indep. Ave.	
23c. DATE SIGNED Aug 2, 1951			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE August 6 1951	
24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Missouri	
DATE REC'D BY LOCAL REG. 8-3-51		25. FUNERAL DIRECTOR'S SIGNATURE Mrs. C.L. Forster	
REGISTRAR'S SIGNATURE Seraldine Holmes		ADDRESS Kansas City, Missouri.	

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

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.....

Joe B. Yoder

Licensed Embalmer No. *4173*

P. O. Address *K. C. Mo.*

Signed.....
Student Embalmer

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.