

FILED SEP 1 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27225  
3564

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

|   |                           |  |   |
|---|---------------------------|--|---|
| 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>MO</u> b. COUNTY <u>Jackson</u> |   |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>   |                           | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>                                      |   |
| c. LENGTH OF STAY (in this place) <u>5 yrs</u>  |                           | d. STREET ADDRESS (If rural, give location) <u>206 1/2 W 12th St</u>   |   |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |                           | 4. DATE (Month) (Day) (Year) OF DEATH <u>8-19-51</u>   |   |
| 3. NAME OF DECEASED<br>a. (First) <u>ARSENE</u> b. (Middle) <u>T. J.</u> c. (Last) <u>THIERBIN</u><br>(Type or Print) <u>Arsoffe</u>  |                           | 4. DATE (Month) (Day) (Year) OF DEATH <u>8-19-51</u>   |   |
| 5. SEX <u>MO</u>  | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>  | 8. DATE OF BIRTH <u>1884</u>                  |
| 9. AGE (In years last birthday) <u>67</u>   |                           | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>waiter</u>                            | 10b. KIND OF BUSINESS OR INDUSTRY <u>None</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Do not know</u>  |                           | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u>  |   |
| 13a. FATHER'S NAME <u>Do not know</u>   |                           | 13b. MOTHER'S MAIDEN NAME <u>Do not know</u>   |   |
| 14. NAME OF HUSBAND OR WIFE <u>Do not know</u>  |                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Do not know</u>          |   |
| 16. SOCIAL SECURITY NO. <u>Do not know</u>  |                           | 17. INFORMANT'S SIGNATURE OR NAME <u>H. Wilson</u> ADDRESS <u>206 1/2 W 12th St Kansas City</u>                                      |   |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u><br>ANTECEDENT CAUSES<br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____<br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Just Heart</u> |                           |  |   |
| 19a. DATE OF OPERATION  |                           | 19b. MAJOR FINDINGS OF OPERATION <u>No Relative to Sign Post Permit</u>  |   |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>  |                           | 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>maternal</u>   |   |
| 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 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.   |                           |  |   |
| 23a. SIGNATURE <u>Hugh B. Owens</u> (Degree or title)   |                           | 23b. ADDRESS <u>1034 Patton Bldg</u>   |   |
| 23c. DATE SIGNED <u>8-20-51</u>   |                           | 24a. BIRTHPLACE (State or foreign country) <u>MO</u>   |   |
| 24b. DATE <u>8-22-51</u>  |                           | 24c. NAME OF CEMETERY OR CREMATORY <u>Green Lawn</u>   |   |
| 24d. LOCATION (City, town, or county) (State) <u>Kansas City, MO</u>  |                           | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Passantino Bros</u> ADDRESS <u>1501</u>  |   |
| DATE REC'D BY LOCAL REG. <u>8-20-51</u>   |                           | REGISTRAR'S SIGNATURE <u>Seraldine Holmes</u>  |   |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Francis S. Walton

Licensed Embalmer No. 2744

P. O. Address Ke, 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.