

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1308

State File No.

175

FILED FEB 14 1953

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) 35 yrs.		d. STREET ADDRESS (If rural, give location) 4611 Mercier	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4611 Mercier			
3. NAME OF DECEASED (Type or Print) a. (First) FRED		b. (Middle) ARFSTROM	
c. (Last) ARFSTROM		4. DATE OF DEATH (Month) (Day) (Year) Jan. 13, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5, 1883
9. AGE (In years last birthday) 69		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Night Watchman	
11. BIRTHPLACE (State or foreign country) Pierce City, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME Unknown		13b. MOTHER'S MAIDEN NAME Unknown	
14. NAME OF HUSBAND OR WIFE Gladys Arfstrom		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. 500-22-0826		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gladys Arfstrom 4611 Mercier	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cancer of Lung INTERVAL BETWEEN ONSET AND DEATH 6 Mo. ANTECEDENT CAUSES DUE TO (b) unknown DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Terminal pneumonia 3 days Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION None	
20a. ACCIDENT SUICIDE HOMICIDE (Specify) no		20b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		20d. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21a. TIME OF INJURY (Month) (Day) (Year) (Hour) Jan 13 1953		21b. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21c. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from June 1950 to Jan 13, 1953 that I last saw the deceased alive on Jan 13 1953 and that death occurred at 10 AM , from the causes and on the date stated above.			
23a. SIGNATURE M. B. Casbelle MD		23b. ADDRESS 4000 Baltimore X-C-26 MD	
23c. DATE SIGNED 1-14-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 15, 1953		24c. NAME OF CEMETERY OR CREMATORY Elmwood Cemetery	
24d. LOCATION (City, town, or county) (State) Kansas City, Missouri		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earp & Sons 4139 Truman Rd. K. C. Mo.	
DATE REC'D BY LOCAL REG. 1-14-53		REGISTRAR'S SIGNATURE Shelding Smith	

(Licensed Embalmer's Statement on Reverse Side)

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 William H. Carp

Signed.....
Student Embalmer

Licensed Embalmer No. 4728

P. O. Address K.C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

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