

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23913

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 840

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>	
c. LENGTH OF STAY (in this place) <u>Lifetime</u>		0117 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>3222 Seneca Street</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Ben</u>	b. (Middle) <u>L.</u>	c. (Last) <u>Arnholt</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 28, 1953</u>
--	-----------------------	--------------------------	---

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>July 9, 1877</u>	9. AGE (In years last birthday) <u>76</u>	10. UNDER 1 YEAR Months _____ Days _____	11. UNDER 1 MIN. Hours _____ Min. _____
--------------------	-------------------------------	---	--------------------------------------	---	--	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Politics (City)</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cigarette & Gasoline</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
--	---	---	---

13a. FATHER'S NAME <u>Phillip Arnholt</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Lahrman</u>	14. NAME OF HUSBAND OR WIFE <u>Mabel L. Arnholt</u>
---	--	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>493-14-5051</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Miss. Nadene Arnholt</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	--	---	--------------------------------

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 <u>2 yrs</u> <u>1 yr</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocarditis - Chronic</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinoma of rectum</u> 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 <u>7-27-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of rectum & prostate</u>	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 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 7-24-1953, to 7-28-1953, that I last saw the deceased alive on 7-28-1953, and that death occurred at 8:10A m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Faul Ferguson M.D.</u>	23b. ADDRESS <u>St. Joseph, Mo.</u>	23c. DATE SIGNED <u>7-29-53</u>
--	-------------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 30, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Mora Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
---	--------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>July 31, 1953</u>	REGISTRAR'S SIGNATURE <u>Beth M. Allison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maerchopper-Fleeman</u>	ADDRESS <u>St. Joseph, Mo.</u>
---	--	---	--------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

0

0117
0

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 Albert E. Harrington

Licensed Embalmer No. 3258 Missouri.

P. O. Address St. Joseph, Missouri.

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.