

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **24607**
Registrar's No. **3610**

FILED AUG 6 - 1953

REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002**

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

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 township) OR TOWN Kansas City		c. CITY OR TOWN Kansas City	c. CITY OR TOWN Kansas City
c. LENGTH OF STAY (in this place) 58 years		Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION 2423 Kensington		STREET ADDRESS (If rural, give location) 2423 Kensington	
3. NAME OF DECEASED (Type or Print) a. (First) SUSAN b. (Middle) S. c. (Last) ARNETT		4. DATE OF DEATH (Month) (Day) (Year) July 20, 1953	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH Jan. 26, 1860
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Housewife	11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Alabama
10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY at Home	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME John Grantland		13b. MOTHER'S MAIDEN NAME Hardina Cleveland	14. NAME OF HUSBAND OR WIFE Pembroke H. Arnett
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or not unknown) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Anna L. Thomas, 2423 Kensington
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) cerebral thrombosis, left internal capsule INTERVAL BETWEEN ONSET AND DEATH 2 weeks ANTECEDENT CAUSES DUE TO (b) cerebral arteriosclerosis years DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
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)		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 11-10, 1951 , to 7-20, 1953 , that I last saw the deceased alive on 7-18, 1953 , and that death occurred at 10:45 AM. , from the causes and on the date stated above.			
23a. SIGNATURE Richard W. Gunn (Degree or title) M.D.		23b. ADDRESS 6230 Truman Rd KC 31 Mo	
23c. DATE SIGNED 7-21-53			
24a. BURIAL CREMATION REMOVAL (Specify) Buried		24b. DATE July 23, 1953	
24c. NAME OF CEMETERY OR CREMATORY Topeka Cemetery		24d. LOCATION (City, town, or county) (State) Topeka Kansas	
DATE REC'D BY LOCAL REG. 7-22-53		REGISTRAR'S SIGNATURE Sheraldine Smith	
25. FUNERAL DIRECTOR'S SIGNATURE A. H. Newcomer		ADDRESS Topeka, Kansas	

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.....
Signature of Student Embalmer

Signed..... *Robert E. Kerson*

Licensed Embalmer No. *4849*

P. O. Address *K. C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.