

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

38541

State File No.

No. 300
10.48

FILED NOV 24 1953

BIRTH NO. _____		REG. DIST. NO. <u>71</u>		PRIMARY REG. DIST. NO. <u>3012</u>		Registrar's No. <u>140</u>			
1. PLACE OF DEATH a. COUNTY <u>Clay</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Ray</u>					
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. LENGTH OF STAY (in this place) <u>0.891</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Richmond</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>In Fishing River near Elms Hotel</u>				d. STREET ADDRESS (If rural, give location) <u>226 Kice Street</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>ARVEY</u> b. (Middle) <u>R.</u> c. (Last) <u>MIZNER</u>			4. DATE OF DEATH (Month) <u>11</u> (Day) <u>6</u> (Year) <u>53</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>Negro</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>10/20/12</u>			
9. AGE (In years last birthday) <u>41</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Kitchen Employee</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Elms Hotel</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Mizner</u>		13b. MOTHER'S MAIDEN NAME <u>Callie Roberts</u>			
14. NAME OF HUSBAND OR WIFE <u>Anna Mizner</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WWII</u>		16. SOCIAL SECURITY NO. <u>Yes, Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Moss, 740 N. Main</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Blanche Moss, 740 N. Main</u>		18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>drowning</u></u> <u>2. ANTECEDENT CAUSES</u> <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> <u>DUE TO (b) <u>Intoxicated, fell in River</u></u> <u>DUE TO (c)</u> <u>3. OTHER SIGNIFICANT CONDITIONS</u> <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>		19. DATE OF OPERATION <u>11-7-53</u>		19b. MAJOR FINDINGS OF OPERATION <u>E9298</u> <u>42</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>600</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Richmond, Missouri</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u>11-7-53</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>600</u>					
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 (Degree or title) <u>D.S. Pate M.D. Crowner</u>				23b. ADDRESS <u>North Kansas City Mo</u>		23c. DATE SIGNED <u>11-7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>11-7-53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sunny Slope</u>		24d. LOCATION (City, town, or county) (State) <u>Richmond, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>11/19/53</u>		REGISTRAR'S SIGNATURE <u>Caroline Sutching</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>CARTER FUNERAL HOME</u>		ADDRESS <u>RICHMOND, MO</u>			

(Licensed Emballer's Statement on Reverse Side)

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

AUG 1
1955

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 Thomas J. Carter

Licensed Embalmer No. 4474

P. O. Address Richmond, 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.