

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

42308

State File No. _____

FILED DEC 29 1953

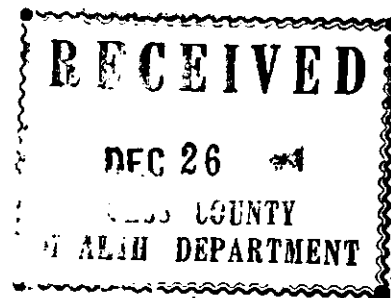
BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>181</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		c. LENGTH OF STAY (In this place) <u>33 yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Harrisonville</u>		0191	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1104 So. Independence Ave</u>				d. STREET ADDRESS (If rural, give location) <u>1104 So Independence</u>			
3. NAME OF DECEASED a. (First) <u>CORA</u>		b. (Middle) <u>F</u>		c. (Last) <u>ARNOLD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 23 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED <u>Divorced</u>		8. DATE OF BIRTH <u>Mar 6 1899</u>	
9. AGE (In years last birthday) <u>54</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cook</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Restaurant</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Dane Okla</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Savage</u>		13b. MOTHER'S MAIDEN NAME <u>Lena Mc Chure</u>		14. NAME OF HUSBAND OR WIFE <u>Ira W Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>3019</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Robert J. And...</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of ovary with Metastasis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ 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		19b. MAJOR FINDINGS OF OPERATION <u>175X</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)		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 <u>July 1, 1953</u> , to <u>Dec. 23, 1953</u> , that I last saw the deceased alive on <u>Dec. 23, 1953</u> , and that death occurred at <u>5:00 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Paul H. Green D.O.</u>				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>12-23-53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Dec 26-1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pitts Chapel Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Harrisonville Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-24-53</u>		REGISTRAR'S SIGNATURE <u>Nora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burroughs Harrisonville Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48



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

Ernest W. Zimmerman

Licensed Embalmer No.

3368

P. O. Address

Harrisonville, 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.