No. 300
10.48

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

FILED JAN 28 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1057

BIRTH NO. 95026-54 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 1

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (In this place): Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): TRINITY LUTHERAN

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: CLAY
c. CITY OR TOWN: KANSAS CITY NORTH
d. Is Residence within limits of a city or incorporated town? Yes ☑ No ☐
STREET ADDRESS (If rural, give location): 2226 E. 48th ST.

3. NAME OF DECEASED (Type or Print)
a. (First): TRUDY
b. (Middle): LYNN
c. (Last): AREHART

4. DATE OF DEATH (Month) (Day) (Year): JAN 1 1955

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): INFANT
8. DATE OF BIRTH: Dec 25, 1954
9. AGE (In years last birthday): IF UNDER 1 YEAR Months: Days: 7 IF UNDER 24 HRS. Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): INFANT
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): KANSAS CITY MO
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: Hollis B. AREHART
13b. MOTHER'S MAIDEN NAME: Evelyn DRAKE
14. NAME OF HUSBAND OR WIFE:

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown):
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: Hollis B. AREHART
ADDRESS: 2226 E. 48th

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BRONCHOPNEUMONIA, BILATERAL — INTERVAL BETWEEN ONSET AND DEATH: 24 HRS.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) ATELECTASIS OF RT. LUNG — 6 DAYS
DUE TO (c) CLOD4

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.
DIAPHAGMATIC HERNIA (OPERATED 12/26/54) — 7 DAYS

19a. DATE OF OPERATION: 12/26/54
19b. MAJOR FINDINGS OF OPERATION: STOMACH & LARGE BOWEL REMOVED FROM LT. CHEST & RENT IN DIAPHRAGM REPAIRED
20. AUTOPSY? YES ☐ NO ☑

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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 12/26, 1954, *to* 1-1, 1955, *that I last saw the deceased alive on* 1-1, 1955, *and that death occurred at* 3 A. m., *from the causes and on the date stated above.*

23a. SIGNATURE Theodore F. Edwards (Degree or title) MD
23b. ADDRESS: 329 Armour, Kansas City
23c. DATE SIGNED: Jan 1, 1955

24a. BURIAL, CREMATION, REMOVAL (Specify): REMOVAL
24b. DATE: JAN 2 1955
24c. NAME OF CEMETERY OR CREMATORY: Memphis Cem
24d. LOCATION (City, town, or county) (State): Memphis MO.

DATE REC'D BY LOCAL REG.: 1-1-55
REGISTRAR'S SIGNATURE: Neva Minshall
25. FUNERAL DIRECTOR'S SIGNATURE: D. W. Newcomer's Sons
ADDRESS: K.C.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed. Glenn H. Hill.....

Licensed Embalmer No. 45

P. O. Address K.C. 16,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
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.