

FILED MAY 10 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11291

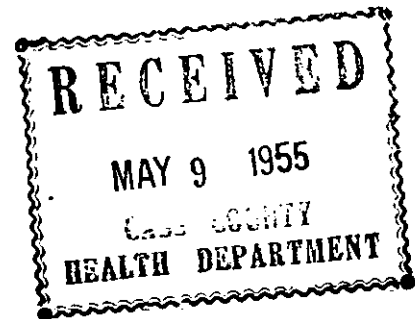
State File No. ....

BIRTH NO. ....		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>4097</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Cars</u> <u>0191</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>			
b. CITY OR TOWN <u>Harrisonville</u>		c. LENGTH OF STAY (in this place) <u>9 days</u>		c. CITY OR TOWN <u>Lee's Summit</u>		d. 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 <u>1600 So Independence Ave</u>				e. STREET ADDRESS (If rural, give location) <u>211 So Market St</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSEPH</u>		b. (Middle) <u>L.</u>		c. (Last) <u>ARNOLD</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1955</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>May 27 1867</u>	
9. AGE (In years last birthday) <u>87</u>		10. USUAL OCCUPATION (One kind of work during most of working life, or retired) <u>Merchant-Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Smith</u>		14. NAME OF HUSBAND OR WIFE <u>Mary Lee Arnold</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. M. L. Lee's Summit 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary edema</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardio-renal disease</u> DUE TO (c) <u>Exterocele</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pneumonia lower extremities</u>				INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u>	
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) (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 <u>Apr 29, 1955</u> to <u>May 5, 1955</u> that I last saw the deceased alive on <u>May 5, 1955</u> and that death occurred at <u>4p</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>H. E. Frisch</u> (Degree or title)				23b. ADDRESS <u>Harrisonville Mo</u>		23c. DATE SIGNED <u>May 6, 1955</u>	
24a. BURIAL, CREMA TION, REMOVAL (Specify)		24b. DATE <u>May 7 1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Lee's Summit Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lee's Summit Mo</u>	
DATE REC'D BY LOCAL REG. <u>May 9, 1955</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Funerary Harrisonville Mo</u>		ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 21 1955



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### 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.....

*James R. Phillips*

Licensed Embalmer No. ....465

P. O. Address.....Harrison

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.