

FILED JUL 5 - 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **18412**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **133** PRIMARY REG. DIST. NO. **3022** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY <b>Harrison</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Harrison</b>	
b. CITY OR TOWN <b>Bethany, Missouri</b>	c. LENGTH OF STAY (in this place) <b>3 weeks</b>	c. CITY OR TOWN <b>Blythedale</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>South 20th Street</b>		e. STREET ADDRESS (If rural, give location) <b>NONE</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>DORA</b> b. (Middle) <b>LUCINDA</b> c. (Last) <b>ARRASMITH</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>JUNE 28 1955</b>		
5. SEX <b>F</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>WIDOWED</b>	8. DATE OF BIRTH <b>DEC. 29 1867</b>	9. AGE (In years last birthday) <b>87</b>	IF UNDER 1 YEAR: Months <b>5</b> Days <b>29</b> Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE - OWN HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>←</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>DECATUR COUNTY IOWA</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>ASA BURELL</b>		13b. MOTHER'S MAIDEN NAME <b>AMANDA EARL</b>		14. NAME OF HUSBAND OR WIFE <b>HENRY ARRASMITH</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <b>GERTRUDE C. MAPES</b> ADDRESS <b>KANSAS CITY, MO</b>	

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) <b>Apoplexy</b> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Senility</b> DUE TO (c) <b>334X</b>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 **JUNE 7, 1955**, to **JUNE 28, 1955**, that I last saw the deceased alive on **JUNE 28, 1955**, and that death occurred at **5:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Ernest L. Wood</b> (Degree or title) <b>D.O.</b>		23b. ADDRESS <b>Bethany, Missouri</b>		23c. DATE SIGNED <b>6-30-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>July 1, 1955</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Cedar Hill</b>	
24d. LOCATION (City, town, or county) (State) <b>Blythedale, Missouri</b>					

DATE REC'D BY LOCAL REG. <b>7/1/55</b>		REGISTRAR'S SIGNATURE <b>Zola Burris</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Wheeler Funeral Home</b> ADDRESS <b>Bethany, Mo.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 William George Noble....., Student Embalmer No. 51 working under my personal supervision..

Student William George Noble  
Signature of Student Embalmer

Signed W G Noble

Licensed Embalmer No. 290

P. O. Address .....

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.