

FILED MAR 21 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

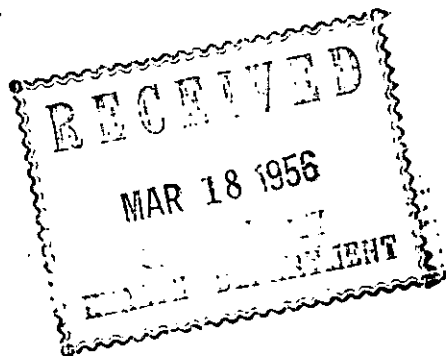
State File No. 8398

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5221</u>		Registrar's No. <u>36</u>	
1. PLACE OF DEATH a. CITY <u>Cass</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City - Rural - Dayton Twp.</u> c. LENGTH OF STAY (In this place) <u>10 years</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 Mile South-2 1/2 Mile West</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Garden City - Rural - Dayton Twp.</u> d. STREET ADDRESS (If rural, give location) <u>1 Mile South-2 1/2 Miles West</u>			
3. NAME OF DECEASED (Type or Print) <u>Thomas Carroll Arnold</u>		a. (First) <u>Thomas</u>		b. (Middle) <u>Carroll</u>		c. (Last) <u>Arnold</u>	
4. DATE OF DEATH (Month) (Day) (Year) <u>3 9 1956</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	
8. DATE OF BIRTH <u>July 27, 1904</u>		9. AGE (In years last birthday) <u>51</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Everett, Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles W. Arnold</u>		13b. MOTHER'S MAIDEN NAME <u>Florence A. Bishop</u>		14. NAME OF HUSBAND OR WIFE <u>Opal Arnold</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>487-40-8671</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Opal Arnold - Garden City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES <u>Afterbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>Generalized arteriosclerosis</u> 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 _____		20. AUTOPSY? YES ☐ NO ☒		INTERVAL BETWEEN ONSET AND DEATH <u>5 months</u>	
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) <u>4201</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____	
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 <u>1957</u> , to <u>3/9, 1956</u> , that I last saw the deceased alive on <u>1/23, 1956</u> , and that death occurred at <u>2</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Lesburn Ellis M.D.</u>				23b. ADDRESS <u>Garden City, Mo.</u>		23c. DATE SIGNED <u>3/10/56</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-11-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>March 11, 1956</u>		REGISTRAR'S SIGNATURE <u>Dora Barward</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson & Lick - Garden City, Mo.</u>			

(Licensed Embalmers' Statement on Reverse Side)

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

MAR 22 1956



SEP 7 1956

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 Billy J. Lick

Licensed Embalmer No. 4685

P. O. Address Harlem City, Miss.

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.