

FILED MAY 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16678

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 186 PRIMARY REG. DIST. NO. 3026 Registrar's No. 232

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) Independence		c. CITY OR TOWN Independence	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 33 yrs		f. STREET ADDRESS (If rural, give location) 1854 S. Noland 10000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence San. & Hosp.		No. _____	
3. NAME OF DECEASED a. (First) MR. DORSEY b. (Middle) CLIFTON c. (Last) ARTLEY			4. DATE OF DEATH (Month) (Day) (Year) May 12, 1956
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 19, 1886
9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <input type="checkbox"/> Grant City, Missouri
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME Ellsworth Artley		13b. MOTHER'S MAIDEN NAME Mathilda Kirkpatrick	14. NAME OF HUSBAND OR WIFE Mary Artley
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes W.W.#1		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs D.C. Artley Indep, Mo.
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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease with Cardiac Decompenstion		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. Blindness, absolute Benign Prostatic hypertrophy			
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)	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 Nov , 1955, to 5/12 , 1956, that I last saw the deceased alive on 5/12 , 1956, and that death occurred at 7:00 P. m. , from the cause and on the date stated above.			
23a. SIGNATURE (Degree or title) E. B. Holton M.D.		23b. ADDRESS 10901 Winner Rd Independence, Mo.	23c. DATE SIGNED 5/12/56
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 15, 1956	24c. NAME OF CEMETERY OR CREMATORY Woodlawn	24d. LOCATION (City, town, or county) (State) Indep. Mo.
DATE REC'D BY LOCAL REG. 5-15-56	REGISTRAR'S SIGNATURE [Signature]	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Otto Mitchell Indep, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

300
48

MAY 31 1956

Louisiana 67 1956

Louisiana 11 1958

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. *M* working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Henry G. Welch*
Licensed Embalmer No. *393*

P. O. Address *Andep*

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.