

FILED OCT 24 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 33828
4315

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Clinton</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>St. Joseph's Hospital</u>				STREET ADDRESS (If rural, give location) <u>601 West Ohio</u>				
3. NAME OF DECEASED (Type or Print) <u>James F Arnold</u>			(First) <u>James</u>		(Middle) <u>F</u>		(Last) <u>Arnold</u>	
4. DATE OF DEATH <u>Oct 2 1956</u>		(Month) <u>Oct</u>		(Day) <u>2</u>		(Year) <u>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>May 23 1875</u>		
9. AGE (to years last birthday) <u>81</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 4 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>retired</u>			11. BIRTHPLACE (City and State or Foreign Country) <u>Adair County, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>								
13a. FATHER'S NAME <u>Christopher C. Arnold</u>			13b. MOTHER'S MAIDEN NAME <u>Nannylene March</u>			14. NAME OF HUSBAND OR WIFE <u>Mary Arnold</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, never unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>None</u> ADDRESS <u>None</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, ashenia, 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) <u>Broncho-pneumonia</u>				<u>acute valvular disease</u>				<u>1 week</u>
ANTECEDENT CAUSES				DUE TO (b) <u>Probably aspiration pneumonia</u>				<u>1-2 wks</u>
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>??</u>				<u>491X</u>
II. OTHER SIGNIFICANT CONDITIONS				<u>4 mo old infarct cardiac</u>				<u>4 mo</u>
Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <u>29 Sept 56</u>		19b. MAJOR FINDINGS OF OPERATION <u>Prostate benign hyperplasia</u>				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT (Specify) <u>SUICIDE</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, 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>9-19</u> , 19 <u>56</u> , to <u>10-2</u> , 19 <u>56</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>10-2</u> , 19 <u>56</u> , and that death occurred at <u>6:30 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>A. I. Stockwell</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>600 Professional Bldg.</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-4-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Butler Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Butler, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>10-4-56</u>		REGISTRAR'S SIGNATURE <u>Neva Minahall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Schaberg Mortuary</u> ADDRESS <u>Clinton, Mo.</u>				
(Licensed Embalmer's Statement on Reverse Side)								

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD
A. I. Stockwell, M.D.

REC'D 1934

APR 1 1934

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 *John R. Sidman*

Licensed Embalmer No. 453

P. O. Address *Kansas City*

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.