

STANDARD CERTIFICATE OF DEATH

FILED JUN 3 1957

017453

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 295

S. 300
1-57

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, give TOWNSHIP only) OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Indep. Sanit. & Hosp.		Length of stay in 1b 32 Yrs.	d. STREET ADDRESS (If outside, give location) 10125 Winner Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JOHN Middle W. Last ARENDR			4. DATE OF DEATH Month May Day 19 Year 1957		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Aug. 31, 1900	9. AGE (In years last birthday) 56	F UNDER 1 YEAR Months 5 Days 19
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Foreman	10b. KIND OF BUSINESS OR INDUSTRY Sheffield Steel	11. BIRTHPLACE (City and state or country) Adrain, Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Warren Arendt		13b. MOTHER'S MAIDEN NAME Sophia Nadvinia Calhoun		14. NAME OF HUSBAND OR WIFE Sallie J. Arendt	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 487-05-3635	17. INFORMANT Address Guy Hinkle, 10125 Winner, Rd., Indep. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary congestion				INTERVAL BETWEEN ONSET AND DEATH 24 hrs	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cerebral Hemiparesis				2 months	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 193x				19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		
20c. TIME OF INJURY . Hour _____ a.m. _____ p.m. _____			20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from <u>April 24, 1957</u> to <u>May 19, 1957</u> and last saw ^{him} alive on <u>May 19, 1957</u> Death occurred at <u>5:20 P.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) E. H. Horsch M.D.			22b. ADDRESS 10901 Winner Indep Mo		22c. DATE SIGNED 5/20/57
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL	May 22, 1957	Mt. Washington Cemetery		Kansas City, Missouri	
24. FUNERAL DIRECTOR ADDRESS George C. Carson, Independence, Mo.			25. DATE RECD. BY LOCAL REG. 5-22-57	26. REGISTRAR'S SIGNATURE James K. [Signature]	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

AUG 14 1958

JUN 25 1957

JUN 28 1957

JUN 28 1957

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 C. Ray Lunderback, Student Embalmer No. 535 working under my personal supervision.

Student C. Ray Lunderback
Signature of Student Embalmer

Signed Harold E. Keenel

Licensed Embalmer No. 4609

P. O. Address Indpls. IN

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.