

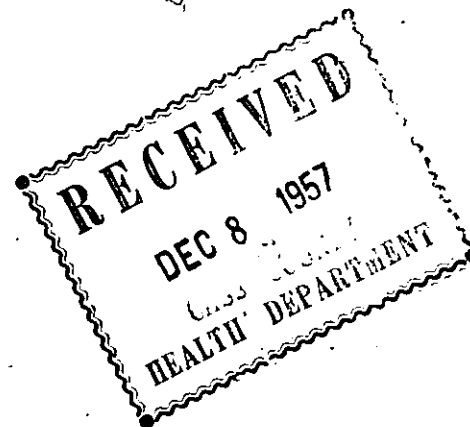
THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 11 1957

39548

State File No.

BIRTH NO.		REG. DIST. NO. 59		PRIMARY REG. DIST. NO. 5232		Registrar's No. 173	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Union Twp</u>		c. LENGTH OF STAY (In this place) <u>all life</u>		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Home 2 miles north Cleveland</u>				e. STREET ADDRESS (If rural, give location) <u>2 miles north Cleveland mo</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>NEWTON</u>		c. (Last) <u>ARNETT</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Nov. 28-1957</u>	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, 2 WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>Jan. 23-1874</u>	
9. AGE (In years last birthday) <u>83</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		11. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>David Arnett</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Hella Arnett</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>no</u>	
16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Audrey Hendrickson</u>		18. ADDRESS <u>Cleveland, Mo</u>		19. MEDICAL CERTIFICATION	
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>GORNARY - OCCLUSION</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 WEEKS</u>	
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 <u>4201</u>				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) m.		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>11-1-1957</u> , to <u>11-28-1957</u> , that I last saw the deceased alive on <u>11-28-1957</u> , and that death occurred at <u>9-15</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>D. C. Balis</u>		(Degree or title) <u>MD</u>		23b. ADDRESS <u>BELTON</u>		23c. DATE SIGNED <u>11-29-57</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Buried</u>		24b. DATE <u>Nov. 30-1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Cleveland Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>near Cleveland Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Nov-30-1957</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Geo. E. Myers</u>		ADDRESS <u>Cleveland Mo</u>	



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..... *Geo. E. Myers*

Licensed Embalmer No. *2517*

P. O. Address *Cleveland, Ohio*

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.