

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1196

FILED FEB 13 1958

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 329

300
-57

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>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City Mo</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Kansas City</u>	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>8804 Daniel Boone Rd</u>	Length of stay in lb <u>3 1/2 yrs</u>	d. STREET ADDRESS (If outside, give location) <u>8804 Daniel Boone Rd</u>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Mr Arnold R. Cleveland</u>			4. DATE OF DEATH Month Day Year <u>1-21-1958</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>6-1-1927</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Comptroller</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Hallmark Card Co</u>	11. BIRTHPLACE (City and state or country) <u>Dodge City Kans</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Emmett Andrew Cleveland</u>		13b. MOTHER'S MAIDEN NAME <u>Stena C Arnold</u>	13c. NAME OF HUSBAND OR WIFE <u>Patricia Cleveland</u>	

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes World War 2</u>		16. SOCIAL SECURITY NO. <u>515-18-0664</u>	17. INFORMANT Address <u>Patricia Cleveland 8804 Daniel Boone Rd</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Coronary Thrombosis</u> DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				INTERVAL BETWEEN ONSET AND DEATH <u>42^{hrs}</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 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 _____, to _____ and last saw ^{her} / _{him} alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE (Degree or title) <u>Miss Cecelia J. Marshall, coroner</u>	22b. ADDRESS <u>663 Proctor's Care</u>	22c. DATE SIGNED <u>1-22-58</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <u>1-23-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>maple Grove</u>	23d. LOCATION (City, town, or county) (State) <u>Dodge City Kansas</u>
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24. FUNERAL DIRECTOR <u>Francis Warnall Funeral Home</u>	ADDRESS	25. DATE RECD. BY LOCAL REG. <u>1-22-58</u>	26. REGISTRAR'S SIGNATURE <u>neva Marshall</u>
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Geo. C. Kealthofer

All diseases in Part I must be causally related.

FEB 13 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. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Russell M France*

Licensed Embalmer No. *4255*
P. O. Address *K C M*

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.