

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039800  
STATE FILE NUMBER

NOV 19 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5233

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cass</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Raymore</b> <sup>01-40</sup> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Lakeside Hosp</b>		Length of stay in 1b <b>8 days</b>	d. STREET ADDRESS (If outside, give location) <b>In town</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First <b>Homer</b> Middle <b>Arnold</b> Last <b>Arnold</b>			4. DATE OF DEATH Month <b>10</b> Day <b>31</b> Year <b>58</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Mar 4 1878</b>	9. AGE (In years last birthday) <b>80</b>	IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>	IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Own farm</b>	11. BIRTHPLACE (City and state or country) <b>Raymore, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>J. Robert Arnold</b>	13b. MOTHER'S MAIDEN NAME <b>Catherine Peters</b>	14. NAME OF HUSBAND OR WIFE <b>Flora Arnold</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <b>500 40 2827</b>	17. INFORMANT <b>Mrs. Maurine Wyatt, Belton, Missouri</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute Circulatory Failure</b>		INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last.	DUE TO (b) <b>hypertensive heart disease</b>	
	DUE TO (c) <b>arteriosclerosis</b>	
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 <b>11:30</b> Month, Day, Year <b>10-31-58</b>		
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 **10-18-58** to **10-31-58** and last saw <sup>her</sup>him alive on **10-31-58**  
Death occurred at **11:30** A. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>John R. Mc Kee</b> (Name or title) <b>D.O. 2</b>	22b. ADDRESS <b>Belton, Missouri</b>	22c. DATE SIGNED <b>11-1-58</b>
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23a. BURIAL CREMATION, (Specify) <b>Burial</b>	23b. DATE <b>11-2-58</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Raymore Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Raymore, Missouri</b>
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24. FUNERAL DIRECTOR <b>E. K. George &amp; Sons Inc Belton, Mo.</b> <b>B. S. Edwards</b>	25. DATE RECD. BY LOCAL REG. <b>11-5-58</b>	26. REGISTRAR'S SIGNATURE <b>Reva Minshall</b>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.  
All diseases in Part I must be causally related.

John R. Mc Kee

MEDICAL CERTIFICATION

JAN 90 1959



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 *Stephen E. Goodard*

Licensed Embalmer No. *4911*

P. O. Address *Portland*

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.