

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-017582

STATE FILE NUMBER 2293

FILED JUN 9 1959 Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Jackson</i>			
b. CITY (if outside corporate limits, give TOWNSHIP only) <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Kansas City</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Joseph Hospital</i>		Length of stay in 1b <i>65 yrs.</i>		d. STREET ADDRESS <i>St. Joseph Hospital</i>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Ida May Arnold</i>			4. DATE OF DEATH Month Day Year <i>5-6-1959</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>Aug. 22-1891</i>		9. AGE (In years last birthday) <i>67</i>	IF UNDER 1 YEAR Months Days - -	IF UNDER 24 HRS Hours Min. - -
10a. USUAL OCCUPATION (Give kind of work done in most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>at Home</i>		11. BIRTHPLACE (City and state or country) <i>Holden, Oklahoma</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Taylor O'Roark</i>		13b. MOTHER'S MAIDEN NAME -		14. NAME OF HUSBAND OR WIFE <i>Charles Arnold</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. -		17. INFORMANT <i>Mrs. Charles Arnold</i>		Address <i>4826 E. 64th. K.C. Mo.</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Cardiovascular Accident</i>						INTERVAL BETWEEN ONSET AND DEATH <i>2 wks.</i>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Cerebral Hemorrhage</i>						<i>2 wks.</i>	
DUE TO (c)							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <i>4221</i>						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 Month, Day, Year 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 <i>25 Apr. '59</i> to <i>6 May '59</i> and last saw her alive on <i>6 May '59</i> Death occurred at <i>p</i> on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <i>William R. Doherty, M.D.</i>				22b. ADDRESS <i>2108 W. 75th St. Kc 15, Mo</i>		22c. DATE SIGNED <i>8 May '59</i>	
23a. BURIAL, CREMATION, EMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
<i>Removal</i>		<i>May-9-1959</i>		<i>Brookridge Cem.</i>		<i>Raytown, Mo.</i>	
24. FUNERAL DIRECTOR <i>C. H. Blackman & Son Inc. K.C. Mo.</i>			25. DATE RECD. BY LOCAL REG. <i>5-8-59</i>		26. REGISTRAR'S SIGNATURE <i>neva Marshall</i>		

William R. Doherty Use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

An 0345483 111 Part I must be manually returned.

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 Wayne Smith, Student Embalmer No. 547 working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Bert B. Benne

Licensed Embalmer No. 4656

P. O. Address A. 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.