

REGISTRATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000417

FILED VS FEB 8 1960

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STATE FILE NUMBER

Registration District No. \_\_\_\_\_ Primary Registration District No. \_\_\_\_\_ Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>Buchanan</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>St. Joseph</b>		Length of stay in lb <b>Most of Life</b>		c. CITY OR TOWN <b>Excelsior Springs</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Mo. Meth. Hospital</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS <b>Seven Hills Farm R# 1.</b>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First <b>Louis</b> Middle <b>A.</b> Last <b>Von Arb</b>				4. DATE OF DEATH Month <b>January</b> Day <b>30</b> Year <b>1960</b>							
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>Nov. 30, 1906</b>		9. AGE (last birthday) <b>53</b> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 24 HR: Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Skilled Labor Package Dept' - Quaker Oats Co.</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>St. Joseph, Mo.</b>			11. BIRTHPLACE (City and state or country) <b>USA</b>		12. CITIZEN OF WHAT COUNTRY			
13a. FATHER'S NAME <b>Adolph Von Arb</b>			13b. MOTHER'S MAIDEN NAME <b>Rosa C. Prawitz</b>			14. NAME OF HUSBAND OR WIFE <b>Edna W. Von Arb</b>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			16. SOCIAL SECURITY NO. <b>491-09-2775</b>		17. INFORMANT <b>Mrs. Edna W. Von Arb St. Joseph, Mo</b> Address						
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>Carcinoma of Cecum</b>								INTERVAL BETWEEN ONSET AND DEATH <b>14 mo.</b>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.				DUE TO (b)				DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
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. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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 <b>Dec 1956</b> to <b>30 Jan 60</b> and last saw him alive on <b>30 Jan 60</b> Death occurred at <b>10:10 P.</b> m on the date stated above, and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE (In green or blue ink) <b>J. L. Mothershead, Jr.</b>				22b. ADDRESS <b>2603 Friedrich</b>				22c. DATE SIGNED <b>2-2-60</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Feb. 2, 1960</b>		23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Auburn Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri.</b>					
24. FUNERAL DIRECTOR <b>W. R. Schaeffer - Filerman, Inc.</b>				ADDRESS <b>St. Joseph, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>Feb. 3, 1960</b>		26. REGISTRAR'S SIGNATURE <b>Mrs. Clark Goodell</b>			

DOCUMENT

BY AFFIDAVIT OF J. L. Mothershead, Jr. CERTIFICATION

FEB 10 1960

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Edward K. Harrington

Licensed Embalmer No. 3258

P. O. Address St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.