

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-024401

AMENDED

STATE FILE NUMBER

Registration District No. 59 Primary Registration District No. 4097 Registrar's No. 117
FILED JUL 10 1961

1. PLACE OF DEATH a. COUNTY <u>CASS</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>KANSAS</u> b. COUNTY <u>Miami</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>HARRISONVILLE Mo.</u>		c. CITY OR TOWN <u>HARRISONVILLE</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HARRISONVILLE Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>RURAL Route #2 Drexel, Mo.</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>CORNELIA</u> Middle <u>F.</u> Last <u>ARNETT</u>		4. DATE OF DEATH Month <u>July</u> Day <u>12</u> Year <u>1961</u>	
5. SEX <u>FEMALE</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>11/5/1893</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>School Teacher</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>HOME</u>	11. BIRTHPLACE (City and state or country) <u>WARRENSBURG Mo.</u>
13a. FATHER'S NAME <u>JAMES NEWELL SUDNATH</u>		14. NAME OF HUSBAND OR WIFE <u>ROY ARNETT</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>487-12-2790</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>PULMONARY EMBOLISM</u> DUE TO (b) <u>POST OP. complication of LIMB AMPUTATION</u> DUE TO (c) <u>DIABETES MELLITUS</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH <u>ACUTE</u> <u>CHRONIC</u>	
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 checked="" 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 <u>6 A.M.</u> Month, Day, Year <u>7/12/61</u>	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION <u>Drexel Mo.</u> COUNTY <u>Miami</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>6 A.M.</u> to <u>7/12/61</u> and last saw <u>her</u> alive on <u>7/12/61</u> Death occurred at <u>6 A.M.</u> on the day stated above, and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <u>Ed Marsh D.O.</u> (Degree or title)	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		23b. DATE <u>July 14, 1961</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Lees Summit Cemetery Lees Summit Mo.</u>		23d. LOCATION (City, town, or county) <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>BUNYAN FUNERAL HOME - LOUISBURG, KANSAS</u>		25. DATE RECD. BY LOCAL REG. <u>July 14 - 1961</u>	
26. REGISTRAR'S SIGNATURE <u>MA Roy Sebrer</u>		27. DATE SIGNED <u>7/14/61</u>	

(Licensed Embalmer's Statement on Reverse Side)

MAR 6 1963

JUN 28 1962

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 *Larry L. Dadd*

Licensed Embalmer No. 5111

P. O. Address *Des Moines, Mo.*

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.