MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021965
STATE FILE NUMBER

Registration District No. 042 Primary Registration District No. 1000 Registrar's No. 803

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

FILED JUL 16 1962

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: St. Joseph
Length of stay in 1b: 3 yrs
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Missouri Methodist
Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN: St. Joseph
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 624 Prospect
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Ada Middle: Last: Arnold

4. DATE OF DEATH: Month: July Day: 2 Year: 1962

5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 7/8/1881
9. AGE (last birthday): 80
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): Homekeeper
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Barter County, Ark.
12. CITIZEN OF WHAT COUNTRY: U. S. A.

13a. FATHER'S NAME: Not Known
13b. MOTHER'S MAIDEN NAME: Not Known
14. NAME OF HUSBAND OR WIFE: John Arnold (Ded'd)

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs. Bessie Ellison, St. Joseph, Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Coronary thrombosis & occlusion — INTERVAL BETWEEN ONSET AND DEATH: 10'
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
~~DUE~~ TO (b): Urinary tract infection
DUE TO (c): & Chronic Glomerulonephritis
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. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 May 1962 to 7/2/62 and last saw her alive on 7/2/62
Death occurred at 7:15 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Scott Benson (Degree or title) M.D.
22b. ADDRESS: 324 N. 6th
22c. DATE SIGNED: 7/6/62

S.C. Benson M.D.

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 7/5/1962
23c. NAME OF CEMETERY OR CREMATORY: Allen Cemetery
23d. LOCATION (City, town, or county) (State): Gower, Missouri

24. FUNERAL DIRECTOR ADDRESS: Lyon Funeral Home, Inc, Plattsburg Mo.
25. DATE RECD. BY LOCAL REG.: July 9, 1962
26. REGISTRAR'S SIGNATURE: Mrs. Clark Yardell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED
1	5117		
2	5117		
3			
4	1		
5	2		
6			
7	1		
8	2		
9	4201		
10			
11			
12	2-0		
13	1-0		

USE BLACK INK OR TYPEWRITER RIBBON

BY AFFIDAVIT OF DOCUMENT

MEDICAL CERTIFICATION

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_____ Signed Philip E. Cox

Signature of Student Embalmer

Licensed Embalmer No. 4993

P. O. Address Flamburg, 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.