

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-042456

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5997 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

**FILED DEC 14 1962**

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|  |  |   |  |
|--|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> COUNTY <b>Jackson</b> |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <b>Kansas City</b>                    |  | Length of stay in lb<br><b>2 yrs.</b>   | c. CITY OR TOWN <b>Kansas City</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>Home for Jewish Aged</b> |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  | d. STREET ADDRESS (If outside, give location)<br><b>7801 Holmes</b><br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

|   |                                  |   |   |                                     |  |   |
|---|----------------------------------|---|---|-------------------------------------|--|---|
| 3. NAME OF DECEASED<br>(Type or print) First Middle Last<br><b>ETHEL ARST</b> |                                  |   | 4. DATE OF DEATH<br>Month Day Year<br><b>11 27 62</b> |                                     |  |   |
| 5. SEX<br><b>Female</b>   | 6. COLOR OR RACE<br><b>White</b> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>6-18-1881</b>                  | 9. AGE (last birthday)<br><b>81</b> | IF UNDER 1 YEAR<br>Months Days<br><b>11 27</b> | IF UNDER 24 HR<br>Hours Min.<br><b>62</b> |

|   |                                   |  |  |
|---|-----------------------------------|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>At Home</b> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country)<br><b>Austria</b> | 12. CITIZEN OF WHAT COUNTRY<br><b>U. S. A.</b> |
|---|-----------------------------------|--|--|

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 13a. FATHER'S NAME<br><b>Nathan Eisen</b>  |  | 13b. MOTHER'S MAIDEN NAME<br><b>Hanna Weisburg</b> |  | 14. NAME OF HUSBAND OR WIFE<br><b>Samuel Arst</b>                   |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b> |  | 16. SOCIAL SECURITY NO.<br><b>None</b>             |  | 17. INFORMANT Address<br><b>Mrs. Clara Weisblum St. Joseph, Mo.</b> |  |

|   |  |  |
|---|--|--|
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:                          |  | INTERVAL BETWEEN ONSET AND DEATH   |
| IMMEDIATE CAUSE (a) <b>Broncho-pneumonia</b>  |  | <b>3 days</b>  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.  |  |  |
| DUE TO (b) <b>Cerebro-vascular arterio-sclerosis &amp; dementia</b>   |  | <b>2 yrs</b>   |
| DUE TO (c) <b>Hypertension, ESS</b>   |  | <b>1/15</b>  |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |

|  |   |  |  |
|--|---|--|--|
| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input 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<br>Hour a.m. p.m.<br>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 9-14-60 to 9-27-62 and last saw her her live on 9-25-62  
Death occurred at 7:45 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

|  |  |  |  |   |  |
|--|--|--|--|---|--|
| 22a. SIGNATURE (Degree or title)<br><b>M. Heller M.D.</b>                    |  | 22b. ADDRESS<br><b>409 E. 62nd</b>                                       |  | 22c. DATE SIGNED<br><b>11-28-62</b>             |  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>Removal</b>                  |  | 23b. DATE<br><b>11-28-62</b>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><b>-</b>  |  |
| 23d. LOCATION (City, town, or county) (State)<br><b>St. Joseph, Missouri</b> |  | 24. FUNERAL DIRECTOR ADDRESS<br><b>Freeman Mortuary Kansas City, Mo.</b> |  | 25. DATE RECD. BY LOCAL REG.<br><b>11-28-62</b> |  |
| 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>                                |  |  |  |   |  |

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DEC 17 1962

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**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 J. Paul Freeman Jr.

Licensed Embalmer No. 5098

P. O. Address K.C., 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.