

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30472**
Registrar's No. **4164**

FILED SEP 24 1954 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>	c. LENGTH OF STAY (In this place) <u>1 1/2 year</u>	c. CITY OR TOWN <u>Montrose</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bennett Manor Home</u>		STREET ADDRESS (If rural, give location) <u>0421</u>	
3. NAME OF DECEASED a. (First) <u>MILLIE</u>		b. (Middle) <u>ANN</u>	c. (Last) <u>ARNOLD</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-29-54</u>			
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>November-4-1867</u>
9. AGE (In years last birthday) <u>86</u>	IF OVER 1 YEAR Months <u>—</u> Days <u>—</u>	IF UNDER 1 YRS. Hours <u>—</u> Min. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Galatia, Illinois</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Pragsdale</u>		13b. MOTHER'S M.A.D.E.N NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>Thomas E. Arnold</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <u>—</u>		16. SOCIAL SECURITY NO. <u>—</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>R.E. Arnold 3514 Anderson R.E. Mo.</u>
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterial Sclerotic Heart Disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>generalized debility arising in Cordial decompensation & anemia</u>			
DUE TO (c) <u>—</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>			
19a. DATE OF OPERATION <u>—</u>		19b. MAJOR FINDINGS OF OPERATION <u>—</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>—</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Raytown, Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>—</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>—</u>	
22. I hereby certify that I attended the deceased from <u>March 2, 1954</u> , to <u>Aug 29, 1954</u> , that I last saw the deceased alive on <u>7/21, 1954</u> , and that death occurred at <u>—</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H.L. Biggs</u>		23b. ADDRESS <u>Raytown, Mo.</u>	23c. DATE SIGNED <u>8/30/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>Aug 30, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>—</u>
24d. LOCATION (City, town, or county) (State) <u>Appleton City, Mo.</u>			
DATE REC'D BY LOCAL REG. <u>8-31-54</u>	REGISTRAR'S SIGNATURE <u>Staldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>C.H. Blackman & Son ? Mo. R.E. Mo.</u>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb^{med}
by me, or by Student Embalmer No.
working under my personal supervision.. *Removed for Embalming.*

Student.....
Signature of Student Embalmer

Signed..... *W.C. Rinne*

Licensed Embalmer No. *487*

P. O. Address *H.C., Ma*

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