

FILED FEB 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4498

State File No. _____

BIRTH NO. _____		REG. DIST. NO. <u>137</u>		PRIMARY REG. DIST. NO. <u>3023</u>		Registrar's No. <u>110</u>			
1. PLACE OF DEATH a. COUNTY <u>Henry</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>		c. CITY OR TOWN <u>Kansas City</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>Wetzel Osteopathic Hosp</u>				e. STREET ADDRESS (If rural, give location) <u>6512 Jefferson</u> <u>3859</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>Donald</u> b. (Middle) <u>Cutler</u> c. (Last) <u>Arnold</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 17 1956</u>						
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>June 12, 1913</u>			
9. AGE (In years last birthday) <u>42</u>		10. MONTHS <u>8</u> 11. DAYS <u>13</u>		12. IF UNDER 1 YEAR Hours <u>8</u> Min. <u>13</u>		13. IF UNDER 24 HRS. Hours <u>8</u> Min. <u>13</u>			
10a. USUAL OCCUPATION (Give kind of work done prior to that of working life, even if retired) <u>Regional MGR. & P.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>KC US Employment</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Boise IDAHO</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>			
13a. FATHER'S NAME <u>DEANE ARNOLD</u>		13b. MOTHER'S MAIDEN NAME <u>ALICE TUCKER</u>		14. NAME OF HUSBAND OR WIFE <u>CAPITOLA ARNOLD</u>					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>WW # 2</u>		17. INFORMANT'S SIGNATURE OR NAME <u>KC M. ADDRESS</u> <u>Unknown Mrs Capitola Arnold 6512 Jefferson</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac Tamponade</u>				DUE TO (b) <u>Multifocal chest Trauma</u>				<u>2 HR.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____				II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured Right Shoulder Injury to left shoulder</u>				<u>20 MIN.</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Big Creek Henry Mo</u>					
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) <u>2 17 56 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Automobile accident</u>					
22. I hereby certify that I attended the deceased from _____, 19____, to <u>2-17</u> , 19 <u>56</u> that I last saw the deceased alive on <u>2-17</u> , 19 <u>56</u> and that death occurred at <u>6:40 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>W. S. [Signature]</u> (Degree or title)? <u>M.D.</u>				23b. ADDRESS <u>Clinton Mo.</u>		23c. DATE SIGNED <u>Feb 18, 56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>2/18/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Via Automobile</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>2-18-56</u>		REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>J. E. Conover</u>		ADDRESS <u>Clinton Mo.</u>			

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

FEB 28 1956

MAR 16 1956

DEC 1 1956

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 E Consalus*.....

Licensed Embalmer No. *18*.....

P. O. Address *Clinton*.....

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.