

MISSOURI DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. 12259

FILED APR 26 1948

Registration District No. 332

Primary Registration District No. 3021

Registrar's No.

1. PLACE OF DEATH:

(a) County GRUNDY
(b) City or town TRENTON
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution WRIGHT MEMORIAL HOSP.
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution 30 minutes (Specify whether years, months or days)
In this community 30 minutes

3. (a) PRINT FULL NAME CONSTANCE ANNETTE ARBUCKLE

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex FEMALE 5. Color or race WHITE 6. (a) Single, widowed, married, divorced single
6. (b) Name of husband or wife _____ 6. (c) Age of husband or wife if alive _____ years
7. Birth date of deceased April 14 1948
(Month) (Day) (Year)

8. AGE: Years _____ Months _____ Days _____ If less than one day _____ br. 30 min.

9. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

10. Usual occupation Infant

11. Industry or business Infant

12. Name Phyllis & Roy Arbuckle

13. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

14. Maiden name Robert Bruce Percell

15. Birthplace Trenton Missouri
(City, town, or county) (State or foreign country)

16. (a) Informant Phyllis & Roy Arbuckle

(b) Address 1326 Summit Avenue, City, Mo.

17. (a) Buried (b) Date thereof 4-15-48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Maple Grove Cemetery

18. (a) Signature of funeral director Raymond A. Davis

(b) Address Trenton, Mo.

19. (a) April 15, 1948 (b) Irene Fair
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Missouri (b) County Grundy
(c) City or town infant
(If outside city or town limits, write "RURAL")
(d) Street No. infant (If rural, give location)
(e) Citizen of foreign country? No (Yes or No)
If yes, name country _____

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month April day 14th year 1948 hour 5 minute 30 P. M.

21. I hereby certify that I attended the deceased from April 12 to April 14 1948
that I last saw him alive on April 14 1948
and that death occurred on the date and hour stated above.

Immediate cause of death Albacteris of lungs 30 min.

Due to Do not know

Due to _____

Other conditions _____

(Include pregnancy within 3 months of death)

Major findings: Of operations 16/17

Of autopsy _____

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____

(b) Date of occurrence _____

(c) Where did injury occur? _____ (City or town) (County) (State)

(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place)

23. Signature Oliver F. Duffy, M.D. (M. D. or other)

Address Trenton, Mo. Date signed April 14-1948

PHYSICIAN

Underline the cause of which death should be charged statistically.

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

DISTRICT HEALTH OFFICE
Cameron, Mo.

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.....

....., Registered Apprentice No.
working under my personal supervision.

Signed.....

Walter E. Meyer

Licensed Embalmer No.

04491

P. O. Address.....

Joneston, 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 this body is not embalmed, fact should be so stated above.