No. 300
10.48

FILED JAN 31 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1709
State File No.

BIRTH NO. ______ REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. 2

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

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1. PLACE OF DEATH
a. COUNTY: Lafayette
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington Mo
c. LENGTH OF STAY (in this place): Lifetime
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): —

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Lafayette 54
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Lexington 2
d. STREET ADDRESS (If rural, give location): 202 S 24th Street 2

3. NAME OF DECEASED (Type or Print)
a. (First): BENJAMIN
b. (Middle):
c. (Last): ARBUCKLE

4. DATE OF DEATH (Month) Jan. (Day) 15 (Year) 1949

5. SEX: Male 2
6. COLOR OR RACE: Negro
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: Aug 12-1865
9. AGE (In years last birthday): 83 — If under 1 year: Months 5, Days 3 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Western Coal Mine
10b. KIND OF BUSINESS OR INDUSTRY: Miner
11. BIRTHPLACE (State or foreign country): Lafayette Henry Cillman Farm
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: Hall Arbuckle
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: Mrs Pearl Arbuckle

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) — (If yes, give war or dates of service) —
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME: Mrs Pearl Arbuckle — ADDRESS: 202 S 24th St

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)	Chronic Nephritis	Unknown
ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b)	Arterial Sclerosis	
DUE TO (c)	—	
II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*	Senility	

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19a. DATE OF OPERATION: —
19b. MAJOR FINDINGS OF OPERATION: none
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): —
21c. (CITY, TOWN, OR TOWNSHIP) — (COUNTY) — (STATE) —
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) — m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? —

22. *I hereby certify that I attended the deceased from* Jan 1, 1949, *to* Jan 15, 1949 *that I last saw the deceased alive on* Jan 14, 1949, *and that death occurred at* 7:17 a *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Ben H Brasher M D
23b. ADDRESS: Lexington Mo
23c. DATE SIGNED: 1-17-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan. 18-1949
24c. NAME OF CEMETERY OR CREMATORY: Forest Grove
24d. LOCATION (City, town, or county): Lexington (State): Mo.

DATE REC'D BY LOCAL REG.: 19 Jan 49
REGISTRAR'S SIGNATURE: Minnie E Eucleton 156
25. FUNERAL DIRECTOR'S SIGNATURE: Sheed & Sons Funeral Ser.
ADDRESS: Lexington Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 6
District File Number.....
Date Filed 1-24-49

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 .....
Student Embalmer

Signed George L Glover

Licensed Embalmer No. 4220

P. O. Address Lexington 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.