

FILED FEB 24 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr W.R. Reed. 4617

State File No.

BIRTH NO.		REG. DIST. NO. <u>121</u>		PRIMARY REG. DIST. NO. <u>5464</u>		Registrar's No. <u>10</u>	
1. PLACE OF DEATH a. COUNTY <u>Greene</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard, Mo. R. Murray townsh</u>		c. LENGTH OF STAY (in this place) <u>3</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willard, Mo. R. Murray townsh</u>		D	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>				d. STREET ADDRESS (If rural, give location) <u>Murray township</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>X.</u>		c. (Last) <u>Arbuckle</u>	
4. DATE OF DEATH		(Month) <u>Feb.</u>		(Day) <u>7</u>		(Year) <u>1949</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>Dec. 30. 1901</u>	
9. AGE (in years last birthday) <u>47</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>6</u>		IF UNDER 1 MONTH Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Chef</u>		10b. KIND OF BUSINESS-OR INDUSTRY <u>Cook</u>		11. BIRTHPLACE (State or foreign country) <u>Lawrence County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J. Arbuckle</u>		13b. MOTHER'S MAIDEN NAME <u>Addie Parmenter</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>Yes</u>		16. SOCIAL SECURITY NO. <u>U.S. Navy</u>		17. INFORMANT'S SIGNATURE OR NAME <u>J. Arbuckle</u>		ADDRESS	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Failure</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arthritis Deformans</u> DUE TO (c) <u>(Severe)</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Pulmonary congestion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>98</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)		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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>2-5</u> , 19 <u>49</u> , to <u>2-6</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>2-6</u> , 19 <u>49</u> , and that death occurred at <u></u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>W.R. Reed</u> (Type or Print)				23b. ADDRESS <u>Willard, Mo</u>		23c. DATE SIGNED <u>2/8/1949</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2/8/1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Pleasant Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Mar Willard Mo</u>	
DATE REC'D BY LOCAL REG. <u>2/17/1949</u>		REGISTRAR'S SIGNATURE <u>Drew H. Wilson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene A. Parin</u> ADDRESS <u>Walnut Grove Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 25 1949

RECEIVED
Greene County Health Office
Certificate Number 12-2-49
Date Filed 2-21-49

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.

Signed _____

George A. Brown

Signed _____
Student Embalmer

Licensed Embalmer No. *2664*

P. O. Address *Walling Grove*

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.