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

FILED FEB 14 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **3514**

3514

BIRTH NO.	REG. DIST. NO.	PRIMARY REG. DIST. NO.	TPOO	Registrar's No.
1. PLACE OF DEATH a. COUNTY STE. GENEVIEVE b. CITY (If outside corporate limits, write RURAL and give township) ST MARY'S c. LENGTH OF STAY (In this place) 2 days d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY STE. GENEVIEVE c. CITY (If outside corporate limits, write RURAL and give township) ST. MARY'S MO 0950 d. STREET ADDRESS- (If rural, give location)		
3. NAME OF DECEASED (Type or Print) William J Arbuckle		4. DATE OF DEATH (Month) (Day) (Year) Feb. 5 1950		
5. SEX Male	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2	8. DATE OF BIRTH June 12 - 1856	9. AGE (In years last birthday) 93
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Ste. Genevieve Co., U.S.A.
13a. FATHER'S NAME Harry Arbuckle		13b. MOTHER'S MAIDEN NAME Ann (Unknown)		14. NAME OF HUSBAND OR WIFE Josephine Calliotte
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Address Augustus G. Arbuckle St. Louis
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, asthma, etc. It means the disease, injury, or complication which caused death.  1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Cardiac Dilatation ANTECEDENT CAUSES Chronic Sclerosis Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Ch. Valvular Disease II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4221		
19a. DATE OF OPERATION NO		19b. MAJOR FINDINGS OF OPERATION N.O.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) NO		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) NO		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. NO		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? None
22. I hereby certify that I attended the deceased from Dec 1, 1948, to Feb 5, 1950, that I last saw the deceased alive on Feb 5, 1950, and that death occurred at 10:00 p.m., from the causes and on the date stated above.				
23a. SIGNATURE E. Phelps d.c. (Degree or title) MD		23b. ADDRESS Ste. Genevieve Mo.		23c. DATE SIGNED 2-6-50
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE FEB 7 1950		24c. NAME OF CEMETERY OR CREMATORY STE. GENEVIEVE CITY
DATE REC'D BY LOCAL REG. Feb 7, 1950		REGISTRAR'S SIGNATURE L.D. Kasperman M. Karl		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Resc. Sasser Ste. Genevieve Mo

(Licensed Embalmer's Statement on Reverse Side)

MAR 1 1951

RECEIVED

FEB 11 1950

DISTRICT HEALTH OFFICE No. 4

File No. 250-198

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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 \_\_\_\_\_

*Adrian J. Eller*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4740

P. O. Address *Ste. Genevieve, 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.