

FILED MAR 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5147

State File No.

BIRTH NO. _____ REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 23

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Missouri-- b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sarcoxie	
d. FULL NAME OF HOSPITAL OR INSTITUTION 813 Cedar St.		d. STREET ADDRESS (If rural, give location) -----	
3. NAME OF DECEASED a. (First) BERTHA b. (Middle) PRISCILLA c. (Last) ARBUCKLE			4. DATE OF DEATH (Month) (Day) (Year) Feb 5, 1950
5. SEX female /	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH Feb 23, 1865
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR 11 Months	IF UNDER 24 HRS. 12 Days
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Washburn, Illinois.
12. CITIZEN OF WHAT COUNTRY? USA			
13a. FATHER'S NAME David Calvert		13b. MOTHER'S MAIDEN NAME Emily Owens	14. NAME OF HUSBAND OR WIFE Wm N. Arbuckle
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. W.P. Barlow, 911 Case, Carthage
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cancer of liver</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>with regional metastasis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility</u>	
19a. DATE OF OPERATION none		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
21a. ACCIDENT (Specify) none		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 (Month) (Day) (Year) (Hour) OF INJURY none		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 Dec 29, 1950, to Feb 5, 1950, that I last saw the deceased alive on Feb 1, 1950, and that death occurred at 4:50 p.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>George A. Wood M.D.</u>		23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>Feb 6 '50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Feb 7, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Paradise Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo</u>
DATE REC'D BY LOCAL REG. <u>Feb 6 1950</u>	REGISTRAR'S SIGNATURE <u>L. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u>	ADDRESS <u>Carthage, Missouri</u>

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

443
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RECEIVED 2-13-50
Jasper County Health Office

County File Number 50-1-91

Date Filed 2-28-50

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

GENE H. PARRENT

Student Embalmer No. 349

working under my personal supervision.

Student GENE H. PARRENT
Student Embalmer

Signed

Frank W. Kneel

Licensed Embalmer No. 4440

P. O. Address

Carthage

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.