

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0410 19981
State File No.

FILED JUN 22 1950

BIRTH NO. _____ REG. DIST. NO. 133 PRIMARY REG. DIST. NO. 5487 Registrar's No. 45

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jefferson</u>	
c. LENGTH OF STAY (In this place) <u>84 yr.</u>		d. STREET ADDRESS (If rural, give location) <u>8 mile North of Bethany</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>None</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>William</u>	b. (Middle) <u>Henry</u>	c. (Last) <u>Arkle</u>	(Month) <u>6</u>	(Day) <u>12</u>	(Year) <u>1950</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>5-7-1866</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>5</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u>5</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>	11. BIRTHPLACE (State or foreign country) <u>Harrison County, Mo. U.S.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
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13a. FATHER'S NAME <u>George Arkle</u>	13b. MOTHER'S MAIDEN NAME <u>Anna Shumard</u>	14. NAME OF HUSBAND OR WIFE <u>Mark E.</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ed Arkle</u>	ADDRESS <u>Bethany Mo.</u>
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Aortic Insufficiency</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Nephritis</u>		4214 3 months	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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 June 1949, to June 12, 1950, that I last saw the deceased alive on June 11, 1950, and that death occurred at 1:00 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. M. Purpat</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Bethany</u>	23c. DATE SIGNED <u>June 17, 1950</u>
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>6-14-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Morris Chapel</u>	24d. LOCATION (City, town, or county) (State) <u>Bethany Mo.</u>
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DATE REC'D BY LOCAL REG. <u>6-14-50</u>	REGISTRAR'S SIGNATURE <u>Zola Burris</u>	116	24e. FUNERAL DIRECTOR'S SIGNATURE <u>W.B. Haas</u>	ADDRESS <u>Bethany Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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.

Student
Student Embalmer

Signed *M B Haus*

Licensed Embalmer No. 3899

P. O. Address Bethany 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.