

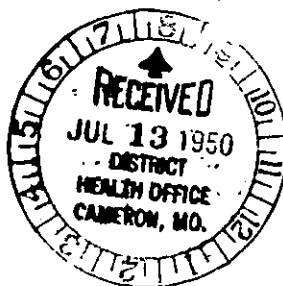
402
0

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

THE DIVISION OF HEALTH OF MISSOURI
FILED SEP 20 1950 STANDARD CERTIFICATE OF DEATH30100
State File No.

BIRTH NO.		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 75	
1. PLACE OF DEATH a. COUNTY <u>Grundy</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Grundy</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Wentworth</u>		c. LENGTH OF STAY (in this place) <u>10 months</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wentworth</u>		0402 0	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wright Memorial Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>1717 Mahel</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>JERRY</u>		b. (Middle) <u>WAYNE</u>		c. (Last) <u>ARBUCKLE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MAY 22 1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>		8. DATE OF BIRTH <u>Mar. 24, 1924</u>		9. AGE (In years last birthday) <u>16</u> if UNDER 1 YEAR Months <u>1</u> Days <u>26</u> Hours <u></u> Min. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Newspaper Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Solvent</u>		11. BIRTHPLACE (State or foreign country) <u>Grundy Co. Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Orville Arbuckle</u>		13b. MOTHER'S MAIDEN NAME <u>Bernice Kennels</u>		14. NAME OF HUSBAND OR WIFE <u></u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>no</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Orville Arbuckle</u> ADDRESS <u>1717 Mahel Wentworth</u>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause, (a) stating the underlying cause last.</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>29198</u> <u>113</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>(Rifle)</u>				20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT, SUICIDE, HOMICIDE <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, etc.) <u>Head of County near home</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>Wentworth</u> (COUNTY) <u>Grundy</u> (STATE) <u>Mo</u>			
21d. TIME OF INJURY <u>May 22, 1950</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? <u>Was shot accidentally by a boy</u>			
22. I hereby certify that I attended the deceased from <u>May 22, 1950</u> , to <u>May 22, 1950</u> , that I last saw the deceased alive on <u>May 22, 1950</u> , and that death occurred at <u>5:22 p.m.</u> from the causes and on the date stated above.							
23a. SIGNATURE <u>Chas. F. Duffey M.D.</u>		(Degree or title)		23b. ADDRESS <u>Wentworth Mo.</u>		23c. DATE SIGNED <u>May 23, 1950</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 24, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maple Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Wentworth Grundy Mo.</u>	
DATE REC'D BY LOCAL REG. <u>May 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Chas. D. Duffey</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Chas. D. Duffey</u> ADDRESS <u>Wentworth</u>			

(Licensed Embalmer's Statement on Reverse Side)



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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Donald H. Slater

Signed.....
Student Embalmer

Licensed Embalmer No. *4467*

P. O. Address *Prenton, Mo.*

Notes: 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.