

No. 300
10.48

DR FILED MAR 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7467
Registrar's No. 28

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 5000		Registrar's No. 28	
1. PLACE OF DEATH a. COUNTY BATES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY Bates			
b. CITY OR TOWN BUTLER		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN ADRIAN		0070	
d. FULL NAME OF HOSPITAL OR INSTITUTION BUTLER MEMORIAL HOSPITAL				d. STREET ADDRESS (If rural, give location) R 7 D # 3 -			
3. NAME OF DECEASED (Type or Print) a. (First) ARCHIE		b. (Middle) JOSEPH		c. (Last) ARGANBRIGHT		4. DATE OF DEATH (Month) (Day) (Year) MARCH 10 1951	
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH FEB - 29 - 1896	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months 0 Days 11		10. IF UNDER 1 HRS. Hours 0 Min. 0		11. BIRTHPLACE (State or foreign country) Hume Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME JOE ARGANBRIGHT		13b. MOTHER'S MAIDEN NAME ADDIE SPEAKS		14. NAME OF HUSBAND OR WIFE VIOLA ARGANBRIGHT	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes. World War I		16. SOCIAL SECURITY NO. none		17. INFORMANT'S SIGNATURE OR NAME Viola Arganbright ADDRESS Adrian			
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 _____ Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Chronic Intestinal II. OTHER SIGNIFICANT CONDITIONS _____ Conditions contributing to the death but not related to the disease or condition causing death. Nephritis 19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION Generalized anasarca 20. AUTOPSY? YES ☐ NO ☒				INTERVAL BETWEEN ONSET AND DEATH 592 X			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office building, etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from June 12 , 19 50 , to March 10, 1951 , that I last saw the deceased alive on 2/10 , 19 51 , and that death occurred at 6 PM m., from the causes and on the date stated above.							
23a. SIGNATURE Chas. H. Luter MD (Degree or title)				23b. ADDRESS Butler Mo		23c. DATE SIGNED 3/12/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-13-51		24c. NAME OF CEMETERY OR CREMATORY Hume Cemetery		24d. LOCATION (City, town, or county) (State) Hume Bates Co Mo	
DATE REC'D BY LOCAL REG. March 13 - 1951		REGISTRAR'S SIGNATURE Rendell Perry		25. FUNERAL DIRECTOR'S SIGNATURE TORNEDEN FUNERAL HOME ADDRESS PLEASANTON KANSAS			

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

RECEIVED 3-20-51
DISTRICT HEALTH OFFICE No. 3
District File Number _____
Date Filed 3-20-51

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 _____

Earl W. Jorden

Licensed Embalmer No. 3587

P. O. Address Pleasanton, Calif.

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.