

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27472

State File No.

FILED SEP 3- 1952

BIRTH NO.		REG. DIST. NO. <u>40</u>		PRIMARY REG. DIST. NO. <u>5280</u>		Registrar's No. <u>52</u>	
1. PLACE OF DEATH a. COUNTY <u>Clark</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Clark</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medill</u> <u>38 yrs.</u>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Medill</u> <u>0230</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location) <u>0</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Robert</u>		b. (Middle) <u>Lawrence</u>		c. (Last) <u>Arbuckle</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>Aug. 30-1923</u>	
9. AGE (In years last birthday) <u>28</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Section Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Santa Fe</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Bucklin, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Robert Arbuckle</u>		13b. MOTHER'S MAIDEN NAME <u>Annie Bussey</u>		14. NAME OF HUSBAND OR WIFE <u>Lena Arbuckle</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>1943-1946</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lena Arbuckle</u>		ADDRESS <u>Medill, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of testicle</u> INTERVAL BETWEEN ONSET AND DEATH <u>months</u> ANTECEDENT CAUSES Morbid 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>metastatic to lungs</u>			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		178X	
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)		21f. HOW DID INJURY OCCUR	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>					
22. I hereby certify that I attended the deceased from <u>Aug 1</u> , 1952, to <u>Aug 25</u> , 1952, that I last saw the deceased alive on <u>Aug 25</u> , 1952, and that death occurred at <u>11 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>Perry S. Boston D.O.</u> (Degree or title)				23b. ADDRESS <u>Rolla, Mo.</u>		23c. DATE SIGNED <u>8-25-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Aug. 28-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Masonic Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Bucklin Missouri</u>	
DATE REC'D BY LOCAL REG. <u>8-26-52</u>		REGISTRAR'S SIGNATURE <u>J. R. Briggs</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Pauling Ind. Rolla</u> ADDRESS			

(Licensed Embalmer's Statement on Reverse Side)

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

0230

SEP 6 1952

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

Chas L. Gutting

Licensed Embalmer No.

2965

P. O. Address

Surray Ind.

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.