

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

6799

State File No. _____

FILED MAR 4 - 1953

BIRTH NO. _____ REG. DIST. NO. 200 PRIMARY REG. DIST. NO. 5725 Registrar's No. 16

0610

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

1. PLACE OF DEATH a. COUNTY <u>Macon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kentucky</u> b. COUNTY _____		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Hudson</u>		c. LENGTH OF STAY (in this place) <u>13 yrs.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Louisville</u>		8160
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stiff-Hildreth Sanatorium</u>			d. STREET ADDRESS (If rural, give location) <u>R.R. #1 Anchorage</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>C.</u> c. (Last) <u>Arbequist</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 2 '53</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>May 21, 1918</u>		9. AGE (In years last birthday) <u>34</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Louisville, Ky.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>W.C. Arbequist</u>		13b. MOTHER'S MAIDEN NAME <u>Susan E. Sweeney</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. <u>No.</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Susan E. Arbequist Anchorage, Ky.</u> ADDRESS _____		
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>Acute Neurocirculatory Collapse</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Adrenal Insufficiency</u> DUE TO (c) <u>3rd. degree burns over 50% of body area.</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH _____
19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>bldg.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>061</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 1 53 13:30</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>Sept. 9, 1939</u> , to <u>2-2, 1953</u> , that I last saw the deceased alive on <u>2-2, 1953</u> , and that death occurred at <u>11:45 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Eldon R. Mooreau D.O.</u>			23b. ADDRESS <u>S.H.O.S. Macon, Mo.</u>		23c. DATE SIGNED <u>2-2 '53</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Feb. 5, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cave Hill</u>		24d. LOCATION (City, town, or county) (State) <u>Louisville, Ky</u>	
DATE REC'D BY LOCAL REG. <u>2/10/53</u>	REGISTRAR'S SIGNATURE <u>Paul Mcneely</u> 1953		25. FUNERAL DIRECTOR'S SIGNATURE <u>Charles L. Hutton</u> ADDRESS <u>Macon, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 2-24-53
MACON COUNTY HEALTH DEPARTMENT
County File No. 2538
Date Filed 2-26-53

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

Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address *Macon, 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.