

FILED JAN 31 1956

STANDARD CERTIFICATE OF DEATH

State File No. 798

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 5343		Registrar's No. 56-6		
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade				
b. CITY (If outside corporate limits, write RURAL and give town) Rural North twp.		c. LENGTH OF STAY (in this place) 56 years		c. CITY OR TOWN Greenfield		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 mi. N.W. of Greenfield				f. STREET ADDRESS (If rural, give location) Route #2 0240				
3. NAME OF DECEASED (Type or Print) a. (First) William b. (Middle) Jesse c. (Last) Arbogast			4. DATE OF DEATH (Month) (Day) (Year) Jan. 25, 1956					
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 10, 1872		
9. AGE (In years last birthday) 83		IF UNDER 1 YEAR Months		IF UNDER 24 HRS. Days		Hours Min.		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY Farm		11. BIRTHPLACE (City and State or Foreign Country) Greenfield, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME James T. Arbogast			13b. MOTHER'S MAIDEN NAME Jennie Dodd		14. NAME OF HUSBAND OR WIFE Josephine Cook Arbogast			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME P#2 ADDRESS Mrs. Josephine Arbogast; Greenfield, Mo.				
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy. 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.					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 334x					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.)		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 9-1-53 to 1-25, 1956, that I last saw the deceased alive on 12-12, 1950, and that death occurred at 3:30 P.M., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) w.c. canada M.D.				23b. ADDRESS Greenfield Mo			23c. DATE SIGNED 1-27-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-30-1956		24c. NAME OF CEMETERY OR CREMATORY Pleasant Grove Cem.		24d. LOCATION (City, town, or county) (State) Dade County, Mo.		
DATE REC'D BY LOCAL REG. 1-28-56		REGISTRAR'S SIGNATURE J. C. Canada 478		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS J. C. Canada, Greenfield, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
Signature of Student Embalmer

Signed.....
J. C. Canada

Licensed Embalmer No. *419*

P. O. Address *Greenfield*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F
to comply with the above constitutes grounds for revocation of license).
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.