

FILED FEB 28 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH3767
State File No.

BIRTH NO.		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>4037</u>		Registrar's No. <u>34</u>	
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission before) a. STATE Missouri b. COUNTY Bates			
b. CITY (If outside corporate limits, write RURAL and give township): OR TOWN Foster		c. LENGTH OF STAY (in this place) 55 yrs		c. CITY OR TOWN Foster		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Foster Missouri				e. STREET ADDRESS (If rural, give location) town 00700			
3. NAME OF DECEASED (Type or Print) a. (First) Joseph		b. (Middle) John		c. (Last) Arbogast		4. DATE OF DEATH (Month) (Day) (Year) February 14 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May 7th 1900	
9. AGE (In years last birthday) 55		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Indiana Highway Dept laborer				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) Bates Co. Missouri	
12. CITIZEN OF WHAT COUNTRY USA							
13a. FATHER'S NAME Howard W Arbogast				13b. MOTHER'S MAIDEN NAME Rosetta-		14. NAME OF HUSBAND OR WIFE Lilly Mae Arbogast	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lilly Mae Arbogast-Foster 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Pneumonia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Luetic Aortitis 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 2 days 5 years?	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (Min.)		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 <u>June 10 1956</u> <u>7:14 PM</u> , that I last saw the deceased alive on <u>Feb 13</u> , 1956, and that death occurred at <u>10:40 PM</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Fred E. Clavel, M.D.				23b. ADDRESS Pleasanton, Kans		23c. DATE SIGNED 2-17-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Feb. 17/56		24c. NAME OF CEMETERY OR CREMATORY Salem Cemetery		24d. LOCATION (City, town, or county) (State) Foster Missouri	
DATE REC'D BY LOCAL REG. Feb. 17-56		REGISTRAR'S SIGNATURE Randall K. Hargis		25. FUNERAL DIRECTOR'S SIGNATURE Culver Underwood		ADDRESS Butler Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 20 1956

FEB 29 1956

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.....
John Glenderson

Licensed Embalmer No..... 3585

P. O. Address..... Butler, MI

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.