

FILED JUL 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23460

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

BIRTH NO. _____		REG. DIST. NO. 132		PRIMARY REG. DIST. NO. 3021		Registrar's No. 89	
1. PLACE OF DEATH a. COUNTY Grundy				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Grundy			
b. CITY OR TOWN Trenton		c. LENGTH OF STAY (in this place township) 37 years		c. CITY OR TOWN Trenton		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 2100 Oak Street				f. STREET ADDRESS (If rural, give location) 2100 Oak Street			
3. NAME OF DECEASED (Type or Print) a. (First) THOMAS			b. (Middle) ARCHIBALD			4. DATE OF DEATH (Month) (Day) (Year) July 1, 1956	
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH Oct. 30, 1885	
9. AGE (In years last birthday) 70		10. KIND OF BUSINESS OR INDUSTRY railroad engineer		11. BIRTHPLACE (City and State or Foreign Country) Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Archibald			13b. MOTHER'S MAIDEN NAME Alice Angell			14. NAME OF WAGNER OR WIFE Amelia Archibald	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Amelia Archibald, Trenton, 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.		<p align="center">MEDICAL CERTIFICATION</p> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vasculor Res. Ac. 6 years ANTECEDENT CAUSES DUE TO (b) Diabetes mel 4 years Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. 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 260x				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) (Minute)		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 Oct 15, 1952, to July 1, 1956, that I last saw the deceased alive on July 1, 1956 and that death occurred at 12:05 p.m., from the causes and on the date stated above.							
23a. SIGNATURE E.A. Daffy M.D.				23b. ADDRESS Trenton Mo.		23c. DATE SIGNED July 2-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE July 3, 1956		24c. NAME OF CEMETERY OR CREMATORY Maple Grove		24d. LOCATION (City, town, or county) (State) Trenton, Grundy, Mo.	
DATE REC'D BY LOCAL REG. 7/1/56		REGISTRAR'S SIGNATURE Irene Jaur		25. FUNERAL DIRECTOR'S SIGNATURE Donald H. Slater		ADDRESS Trenton, Missouri	

10. 2. 1935.

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 *Donald H. Slater*

Licensed Embalmer No. 4467

P. O. Address Trenton, Miss

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.