

FILED APR 9 - 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8127

BIRTH NO. _____		REG. DIST. NO. 100		PRIMARY REG. DIST. NO. 5390		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY DENT				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DENT			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL - SPRINGCREEK TWP.		c. LENGTH OF STAY (In this place) 7 YEARS		c. CITY OR TOWN ——— D330		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: RURAL ROUTE 4, SALEM, MO.				e. STREET ADDRESS (If rural, give location) RURAL ROUTE 4, SALEM, MO.			
3. NAME OF DECEASED (Type or Print) a. (First) ELIJAH		b. (Middle) ALBERT		c. (Last) ARBUCKLE		4. DATE OF DEATH (Month) (Day) (Year) APRIL 6 1957	
5. SEX <input checked="" type="radio"/> MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED/ WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH MAY 7, 1898	
9. AGE (In years last birthday) 58		10. MONTHS Days Hours Min.		11. BIRTHPLACE (City and State or Foreign Country) COLUMBUS, KANSAS		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE					
13a. FATHER'S NAME EDWARD ARBUCKLE		13b. MOTHER'S MAIDEN NAME ANNA SPENCER		14. NAME OF HUSBAND OR WIFE GRACE GRAVES ARBUCKLE			
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. 539-07-8995		17. INFORMANT'S SIGNATURE OR NAME ADDRESS GRACE ARBUCKLE Route 4, Salem, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ca. of Ascending colon 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				20. AUTOPSY? 2 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) 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 1956, 19, to April 6, 1957, that I last saw the deceased alive on April 6, 1957, and that death occurred at 2:20 a.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Joseph R. Buerger, M.D.				23b. ADDRESS Salem, Mo.		23c. DATE SIGNED 4/8/57	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE APRIL 9, 1957		24c. NAME OF CEMETERY OR CREMATORY CEDAR GROVE CEMETERY		24d. LOCATION (City, town, or county) (State) SALEM MISSOURI	
DATE REC'D BY LOCAL REG. 4/6/57		REGISTRAR'S SIGNATURE M. M. Hart		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS May L. Warfel Salem, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

APR 15 1957

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 May P. Wapfel

Licensed Embalmer No. 4170

P. O. Address Salem

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.