

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-017495
STATE FILE NUMBER

FILED JUN 2 1958 Registration District No. 49 Primary Registration District No. 5794 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY CAMDEN		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CAMDEN	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN CLIMAX Springs		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN CLIMAX Springs 0150 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION _____		Length of stay in 1b Wife	d. STREET ADDRESS (If outside, give location) Wife Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last ARTHUR William SUBLETT			4. DATE OF DEATH Month Day Year May 13 1958
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Apr 28, 1892
9. AGE (In years last birthday) 66		IF UNDER 1 YEAR Months Days Hours Min. 0 15	IF UNDER 24 HRS. Hours Min. 0 15
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Camden Co, mo
12. CITIZEN OF WHAT COUNTRY? U. S. A		13a. FATHER'S NAME William SUBLETT	
13b. MOTHER'S MAIDEN NAME SARAH PALMS		14. NAME OF HUSBAND OR WIFE Anna Elizabeth Sublett	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No		16. SOCIAL SECURITY NO. 489-36-5064	
17. INFORMANT Anna Elizabeth Sublett		Address Climax Springs	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH no
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Arteroclerosis			
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION COUNTY STATE		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from Feb 24, 1958 to May 13, 1958 and last saw ^{her} him alive on May 13, 1958 Death occurred at 2:30 p m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Walter Borenman, D.O.		22b. ADDRESS CLIMAX Springs	
22c. DATE SIGNED 5/16/58		(State) mo	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE May 15, 1958	23c. NAME OF CEMETERY OR CREMATORY Cable Ridge Cemetery	23d. LOCATION (City, town, or county) Benton Co, mo
24. FUNERAL DIRECTOR John F. Reser		ADDRESS Warsaw	DATE RECD. BY LOCAL REG. 5-19-1958
26. REGISTRAR'S SIGNATURE Alda R. Eldred			

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
MEDICAL CERTIFICATION

10-12

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 F. Reese*
Licensed Embalmer No. *4098*
P. O. Address *Wasco, Wn.*

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.