

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-031945
STATE FILE NUMBER

FILED OCT 8 1958 Registration District No. 44 Primary Registration District No. 4060 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY Caldwell		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE Missouri b. COUNTY Caldwell	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Breckenridge		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Breckenridge 0130
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>At home</i>		Length of stay in lb 38 yrs	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last Judson Charles Arvate			4. DATE OF DEATH Month Day Year Oct 1 1958		
5. SEX M	6. COLOR OR RACE wh	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH MAY 20 - 1883	9. AGE (In years last birthday) 75 yrs	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist		10b. KIND OF BUSINESS OR INDUSTRY Auto	11. BIRTHPLACE (City and state or country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.	

13a. FATHER'S NAME Allen S. Arvate		13b. MOTHER'S MAIDEN NAME Bell Potter		14. NAME OF HUSBAND OR WIFE Lela Bishop Arvate	
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 Mrs. Lela Arvate, Breckenridge, Mo	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Medullary failure DUE TO (b) Thrombotic encephalomyelitis DUE TO (c) Cerebral arterio-sclerosis PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Auricular fibrillation			INTERVAL BETWEEN ONSET AND DEATH seconds years
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.) 332X	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.			

20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 9/27/58 to 10/1/58 and last saw him alive on 10/1/58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE (Degree or title) J. Woolbright D.O. ²	22b. ADDRESS Breckenridge, Mo	22c. DATE SIGNED 10-3-58

23a. BURIAL, CREMATION, OR DISPOSAL (Specify) Burial	23b. DATE 10-4-58	23c. NAME OF CEMETERY OR CREMATORY Prairie Ridge Cem	23d. LOCATION (City, town, or county) (State) Polo, Mo
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24. FUNERAL DIRECTOR Mead-Pitt Funeral Service, Breckenridge, Mo	25. DATE RECD. BY LOCAL REG. 10-5-1958	26. REGISTRAR'S SIGNATURE Mrs. Lela Arvate
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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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 John W. Pitts, Student Embalmer No. 564 working under my personal supervision.

Student John W. Pitts
Signature of Student Embalmer

Signed Dennard L. Mead

Licensed Embalmer No. 2801

P. O. Address Dayton, Ohio

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.