

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-014210

STANDARD FILE NUMBER

FILED MAY 8 1959

Registration District No. 228242

Primary Registration District No. 5823

Registrar's No. 146

1. PLACE OF DEATH a. COUNTY <i>New Madrid</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>New Madrid</i>	
b. CITY OR TOWN <i>Cassala</i> Inside Limits Yes ☒ No ☐		c. CITY OR TOWN <i>Cassala</i> 0720 Inside Limits Yes ☒ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First Middle Last <i>Leslie Logan Arbuckle</i>		4. DATE OF DEATH Month Day Year <i>4-7-1959</i>	
5. SEX <i>Male</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH <i>June 16, 1878</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Mayor</i>		11. BIRTHPLACE (City and state or country) <i>Ohio County, Ky.</i>	
10b. KIND OF BUSINESS OR INDUSTRY <i>office 7 mayor</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>John W. Arbuckle</i>		14. NAME OF MOTHER OR WIFE <i>E. Warren Cassala Greer</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown. If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>4201</i>	
17. INFORMANT Address <i>Cassala Arbuckle - Cassala, Mo.</i>		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>coronary occlusion</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>—</i> DUE TO (c) <i>—</i> 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 ☐ NO ☒		20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)		20c. TIME OF INJURY Hour a.m. Month, Day, Year p.m.	
20d. INJURY OCCURRED WHILE AT ☐ NOT WHILE AT WORK ☐		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>4-7-59</i>	
20f. CITY, TOWN, OR LOCATION <i>Sikeston, Mo.</i>		COUNTY <i>Mo.</i> STATE <i>Mo.</i>	
21. I attended the deceased from <i>4-7-59</i> to <i>4-7-59</i> and last saw her alive on <i>4-7-59</i> Death occurred at <i>4-7-59</i> m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>E. D. Urban M.D.</i> (Degree or title)	
22b. ADDRESS <i>Sikeston, Mo.</i>		22c. DATE SIGNED <i>4/17/59</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>4/9/1959</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Maumelle Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Sikeston Mo.</i>	
24. FUNERAL DIRECTOR <i>Rehatter Funeral Home</i> ADDRESS <i>Sikeston, Mo.</i>		25. DATE RECD. BY LOCAL REG. <i>4-28-59</i>	
26. REGISTRAR'S SIGNATURE <i>Kathryn L. M. Bain</i>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

P. J. F.

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 *Raymond L. Duff*

Licensed Embalmer No. *4798*
P. O. Address *Bernie, W*

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.