

FEDERAL BUREAU OF INVESTIGATION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-037151

FILED VS OCT 27 1959 278 Primary Registration District No. 3034 Registrar's No. 124

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY PIKE		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY PIKE	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN LOUISIANA		Length of stay in 1b 2 DAYS	c. CITY OR TOWN BOWLING GREEN Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION PIKE COUNTY HOSPITAL		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) R.F.D. 3 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last ARNOLD RUBY LEA			4. DATE OF DEATH Month Day Year OCT. 21 1959		
5. SEX MALE	6. COLOR OR RACE W	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-26-87	9. AGE (last birthday) 72	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTH PLACE (City and state or country) PIKE CO. MISSOURI	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME WILLIAM LEA		13b. MOTHER'S MAIDEN NAME MARY ANN HENDERSON IVY B. LEA		14. NAME OF HUSBAND OR WIFE MRS. ARTHUR E. DUNLAP, BOWLING GREEN, MO	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WORLDWART		16. SOCIAL SECURITY NO. NO	17. INFORMANT MRS. ARTHUR E. DUNLAP, BOWLING GREEN, MO		

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH 5 DAYS
IMMEDIATE CAUSE (a) Pneumonia		
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		
DUE TO (b)		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a). Emphysema striking Pneumonia left		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	205. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			

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 BOWLING GREEN	COUNTY PIKE	STATE MO
21. I attended the deceased from Oct 19-59 to Oct 21-59 and last saw him alive on Oct 20-59 Death occurred at 1:30 A on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE J. L. Rilyea (Degree or title)		22b. ADDRESS Louisiana Mo		22c. DATE SIGNED 10.24.59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE OCT 22, 1959	23c. NAME OF CEMETERY OR CREMATORY ANTIOCH CEMETERY	23d. LOCATION (City, town, or county) (State) PIKE COUNTY MO	
24. FUNERAL DIRECTOR GRACE BANKHEAD, BOWLING GREEN, MO		25. DATE RECD. BY LOCAL REG. Oct 24-59	26. REGISTRAR'S SIGNATURE Bernice Collier	

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

6661 & AON SA

OCT 30 1950

NOV 10 1950

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

Harold Kirk

Licensed Embalmer No. 4597

P. O. Address Bowling Green

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.