

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 23 1960

60-013869

STATE FILE NUMBER

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY Stoddard				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dexter		Length of stay in 1b		c. CITY OR TOWN Dexter		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Residence			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 1208 East Elk		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Elijah Middle Loyd Last Arbuckle				4. DATE OF DEATH Month Feb. Day 29 Year 1960				
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 2-6-1889		
9. AGE (last birthday) 71		IF UNDER 1 YEAR Months 0 Days 23 Hours Min. 		IF UNDER 24 HR Hours Min. 				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired carpenter				10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (City and state or country) Portageville, Mo.		
12. CITIZEN OF WHAT COUNTRY U. S. A.								
13a. FATHER'S NAME William Arbuckle			13b. MOTHER'S MAIDEN NAME Unknown			14. NAME OF HUSBAND OR WIFE Leona 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. none			17. INFORMANT Address Mrs. Leona Arbuckle, Dexter, 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) Cerebral vascular accident Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. Arteriosclerosis DUE TO (b) Glomerulo-nephritis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 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							INTERVAL BETWEEN ONSET AND DEATH 48 hours 11 years 3 years	
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 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		COUNTY STATE		
21. I attended the deceased from August 56 to Feb 29/1960 and last saw her him alive on Feb 29, 1960 Death occurred at 4:50 P m on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE Borneau		(Degree or title) Dr. V.		22b. ADDRESS Dexter Mo.		22c. DATE SIGNED 3/9/60		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 3-4-60		23c. NAME OF CEMETERY OR CREMATORY Little Prairie		23d. LOCATION (City, town, or county) (State) Carthursville, Mo.		
24. FUNERAL DIRECTOR Strickland-Rainey		ADDRESS Dexter, Mo.		25. DATE RECD. BY LOCAL REG. 3-18-60		26. REGISTRAR'S SIGNATURE Velma V. Jenkins		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

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: Livelle Rainey

Licensed Embalmer No. 4983

P. O. Address Nexter, Mo.

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.