

# RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

LED VS JAN 3 1961 184  
DED Registration District No.

Primary Registration District No. 3038

Registrar's No. 154

-60-046728  
STATE FILE NUMBER

|   |                                  |   |  |   |   |  |   |
|---|----------------------------------|---|--|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Linn</u>  |                                  |   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u> |   |  |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN <u>Brookfield, Mo.</u>   |                                  | Length of stay in 1b<br><u>12 Hours</u>   |  | c. CITY OR TOWN <u>Bucklin, Mo.</u>   |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   |   |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>Pershing Memorial Hospital</u>  |                                  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |   | d. STREET ADDRESS (If outside, give location)                     |  | Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED<br>(Type or print) First <u>Robert</u> Middle <u>Logan</u> Last <u>Arbuckle</u>   |                                  |   |  | 4. DATE OF DEATH Month <u>December</u> Day <u>23</u> , Year <u>1960</u>   |   |  |   |
| 5. SEX<br><u>Male</u>   | 6. COLOR OR RACE<br><u>White</u> | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><u>10/22/1878</u>  | 9. AGE (last birthday)<br><u>82</u>   | IF UNDER 1 YEAR<br>Months <u>2</u> Days <u>1</u>                  |  | IF UNDER 24 HR<br>Hours <u>1</u> Min. <u></u>   |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farming</u>   |                                  | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>Own Farm</u>  |  | 11. BIRTHPLACE (City and state or country)<br><u>Bucklin, Missouri</u>  |   | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>   |   |
| 13a. FATHER'S NAME<br><u>Logan S. Arbuckle</u>  |                                  |   | 13b. MOTHER'S MAIDEN NAME<br><u>Catherine Jobson</u>                                 |   |   | 14. NAME OF HUSBAND OR WIFE<br><u>Deceased</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>  |                                  |   | 16. SOCIAL SECURITY NO.<br><u>NONE</u>   |   | 17. INFORMANT Address<br><u>James Arbuckle, Bucklin, Missouri</u> |  |   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Cerebral Thrombosis</u>  |                                  |   |  |   |   | INTERVAL BETWEEN ONSET AND DEATH<br><u>17 hrs.</u>   |   |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) <u>arteriosclerosis</u>  |                                  |   |  |   |   |  |   |
| DUE TO (c) <u>senility</u>  |                                  |   |  |   |   |  |   |
| 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |   |
| 19. WAS AUTOPSY PERFORMED?<br>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<br>Hour <u></u> Month, Day, Year <u></u><br>a.m. <u></u> p.m. <u></u>   |                                  |   |  |   |   |  |   |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/><br>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 <u>12-23-60</u> to <u>12-23-60</u> and last saw him alive on <u>12-23-60</u><br>Death occurred at <u>10:40 p.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated. |                                  |   |  |   |   |  |   |
| 22a. SIGNATURE (Degree or title)<br><u>R.A. Druehlness D.O.</u>   |                                  |   |  | 22b. ADDRESS<br><u>Brookfield Mo</u>  |   | 22c. DATE SIGNED<br><u>12-26-60</u>  |   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>  |                                  | 23b. DATE<br><u>Dec. 26, 1960</u>   |  | 23c. NAME OF CEMETERY OR CREMATORY<br><u>Masonic Cemetery</u>   |   | 23d. LOCATION (City, town, or county) (State)<br><u>Bucklin, Missouri</u>  |   |
| 24. FUNERAL DIRECTOR<br><u>Larson Funeral Service, Bucklin, Mo.</u>   |                                  | ADDRESS   |  | 25. DATE RECD. BY LOCAL REG.<br><u>Dec. 28, 1960</u>  |   | 26. REGISTRAR'S SIGNATURE<br><u>Katharine Johnson</u>  |   |

(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 \_\_\_\_\_ or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed E. A. Larson

Licensed Embalmer No. 4037

P. O. Address Bucklin, Missouri

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.