

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-012521

AMENDED

Registration District No. 27 Primary Registration District No. 4037 Registrar's No. 41

STATE FILE NUMBER

FILED APR 21 1961

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

3. NAME OF DECEASED (Type or print) First <b>Howard</b> Middle <b>Emanuel</b> Last <b>Arbogast</b>			4. DATE OF DEATH Month <b>April</b> Day <b>16</b> Year <b>1961</b>		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Feb 19 1890</b>	9. AGE (last birthday) <b>71</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer and strip coal miner</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>miner</b>	11. BIRTHPLACE (City and state or country) <b>Foster Missouri</b>	12. CITIZEN OF WHAT COUNTRY <b>usa</b>
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13a. FATHER'S NAME <b>David Howard Arbogast</b>	13b. MOTHER'S MAIDEN NAME <b>Rozetta Rowland</b>	14. NAME OF HUSBAND OR WIFE <b>Mrs Nellie Arbogast</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>	17. INFORMANT <b>Nellie Arbogast</b> Address <b>Foster Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Heart disease</b>		INTERVAL BETWEEN ONSET AND DEATH <b>One year</b>
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)	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"/>	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.)
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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
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21. I attended the deceased from <b>March 1960</b> to <b>April 10 1961</b> and last saw him alive on <b>April 10 1961</b> Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <b>[Signature]</b>	22b. ADDRESS <b>[Address]</b>	22c. DATE SIGNED <b>April 17 1961</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>April 18 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Sales Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Foster Bates Missouri</b>
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24. FUNERAL DIRECTOR <b>TORNEDEN FUNERAL HOME PLEASANTON KANSAS</b> <b>Earl A. Torneden</b>	25. DATE RECD. BY LOCAL REG. <b>Apr 18 1961</b>	26. REGISTRAR'S SIGNATURE <b>[Signature]</b>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ

ITEM NO.

MAY 16 1961

**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,

~~XXXX~~ \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_

Signature of Student Embalmer

Signed Earl W. Fomeny

Licensed Embalmer No. 3587

P. O. Address Pleasanton Kansas

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.