SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-012521
STATE FILE NUMBER

AMENDED

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

FILED APR 21 1961

1. PLACE OF DEATH
a. COUNTY Bates

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri COUNTY Bates

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Foster
Length of stay in 1b life
c. CITY OR TOWN Foster
Inside Limits Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION
Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location)
Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Howard Middle Emanuel Last Arbogast
4. DATE OF DEATH Month April Day 16 Year 1961

5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH Feby 19 1890
9. AGE (last birthday) 71
IF UNDER 1 YEAR Months Days
IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer and strip coal
10b. KIND OF BUSINESS OR INDUSTRY miner
11. BIRTHPLACE (City and state or country) Foster Missouri
12. CITIZEN OF WHAT COUNTRY usa

13a. FATHER'S NAME David Howard Arbogast
13b. MOTHER'S MAIDEN NAME Rozetta Rowland
14. NAME OF HUSBAND OR WIFE Mrs Nellie Arbogast

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. 512 03 8420
17. INFORMANT ✕ Nellie Arbogast Address Foster Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Heart disease
INTERVAL BETWEEN ONSET AND DEATH Months
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. ☐ Yes ☐ No ☐ Unknown

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. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 March 1960 to April 10 1961 and last saw him alive on April 10 1961
Death occurred at 1A m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) [signature] M.D.
22b. ADDRESS [illegible]
22c. DATE SIGNED 4/17/1961

23a. BURIAL, CREMATION, REMOVAL (Specify) burial
23b. DATE April 18 1961
23c. NAME OF CEMETERY OR CREMATORY Sales Cemetery
23d. LOCATION (City, town, or county) Foster Bates (State) Missouri

24. FUNERAL DIRECTOR ADDRESS TORNEDEN FUNERAL HOME PLEASANTON KANSAS
Earl A Torneden
25. DATE RECD. BY LOCAL REG. Apr 18-61
26. REGISTRAR'S SIGNATURE Kendall Kenny

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | DOCUMENT | SHOULD READ | ITEM NO. | BY AFFIDAVIT OF

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 Forneden

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.