

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-025822

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 172 Primary Registration District No. H-272 Registrar's No. 54

STATE FILE NUMBER

AMENDED

FILED AUG 2 1961

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Saline	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Waverly		Length of stay in 1b 3 wks.	c. CITY OR TOWN Malta Bend, R.1 Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kelling Clinic		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 JOSEPH Middle M. Last ARTH			4. DATE OF DEATH Month July Day 23 Year 1961
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 7/2/1912
9. AGE (last birthday) 49		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and state or country) Lafayette Co. Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.		13a. FATHER'S NAME John Arth	
13b. MOTHER'S MAIDEN NAME Rose Kempshader		14. NAME OF HUSBAND OR WIFE Elaine Arth	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No.		17. INFORMANT Address Mrs. J.M. Arth, Malta Bend, Mo. R.1	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho pneumonia DUE TO (b) Acute lymphatic leukemia DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH about 4 da. unknown
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
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 June 24, 1961 to July 23, 1961 and last saw her/him alive on July 23, 1961 Death occurred at 1:42 P. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Gen. A. M. Fadden, M.D.		22b. ADDRESS Waverly, Missouri	22c. DATE SIGNED 7-25-61
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7/26/1961	23c. NAME OF CEMETERY OR CREMATORY Dover Cemetery	23d. LOCATION (City, town, or county) (State) Dover Mo.
24. FUNERAL DIRECTOR Gibson Funeral Home, Waverly, Mo.	ADDRESS	25. DATE RECD. BY LOCAL REG. July 25-61	26. REGISTRAR'S SIGNATURE Lutie Gordon Jordan

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

AUG 11 1961

DECEASED

NAME

AGE

SEX

RESIDENCE

CITY

STATE

DATE OF DEATH

TIME

BY

CAUSE

PLACE OF DEATH

BY

IF

DECEASED WAS RECEIVED BY

NAME

RELATIONSHIP

DECEASED WAS RECEIVED BY

NAME

RELATIONSHIP

DECEASED WAS RECEIVED BY

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 James F. Gibson

Licensed Embalmer No. 5076

P. O. Address Carrallton, 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.

DECEASED

NAME

AGE

SEX

RESIDENCE