ISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

ARTMENT OF PUBLIC HEALTH AND WELFARE

61-028560
STATE FILE NUMBER

AMENDED

Registration District No. 50 Primary Registration District No. 5179 Registrar's No. 45

FILED SEP 11 1961

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Osage
Length of stay in 1b: 3 Days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Lake Road 24-54
Inside Limits: Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Ill. b. COUNTY: Cook
c. CITY OR TOWN: Chicago Illinois
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3005 West Granville
Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: Perry Middle: Albert Last: McArthur
4. DATE OF DEATH: Month: Sept. Day: 3 Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: Aug. 25-01
9. AGE (last birthday): 60
IF UNDER 1 YEAR: Months: 0 Days: 8 Hours: Min.:
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Traveling Sales Engineer
10b. KIND OF BUSINESS OR INDUSTRY: Engineer
11. BIRTHPLACE (City and state or country): Chicago Illinois
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: Clyde McArthur
13b. MOTHER'S MAIDEN NAME: Josephine Ackerland
14. NAME OF HUSBAND OR WIFE: Doris McArthur
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs Doris McArthur, Address: Chicago, Ill.

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) Acute Corobary Thrombosis with massive Infarct — INTERVAL BETWEEN ONSET AND DEATH: 2 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Coronary Arterio-sclerotic Heart Disease — 3 years
DUE TO (c) Neoplasm left lung, type undetermined — 3 hours
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 Sept 3, 61, to Sept 3, 61 and last saw him alive on Sept 3, 61
Death occurred at 10:40 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Thomas A. Wayland MD — Thomas A. Wayland MD
22b. ADDRESS: Camdenton, Missouri
22c. DATE SIGNED: Sept 4, 61

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Sept. 7, 1961
23c. NAME OF CEMETERY OR CREMATORY: Rose Hill Cemetery
23d. LOCATION (City, town, or county) (State): Chicago, Illinois

24. FUNERAL DIRECTOR ADDRESS: Robert H. Reed, Camdenton Mo.
25. DATE RECD. BY LOCAL REG.: Sept. 4-1961
26. REGISTRAR'S SIGNATURE: Zilpha J. Trax

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

SEP 12 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, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____ Signed Robert H Reed
Signature of Student Embalmer

Licensed Embalmer No. 3745

P. O. Address Camdenton 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.