

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-011562

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 155

Primary Registration District No. 5579

Registrar's No. 54

FILED MAR 19 1962

VS 300
Rev. 4/59

6490

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jasper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR Mineral Township		Length of stay in 1b 33 yrs	c. CITY OR TOWN Rural Inside Limits Yes ☐ No ☒
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Oronogo Rt. # 1		Inside Limits Yes ☐ No ☒	d. STREET ADDRESS (If outside, give location) Rt. 1 Oronogo, Mo. Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) First Middle Last Jennie Grace Arbuckle		4. DATE OF DEATH Month Day Year March 15, 1962	
5. SEX Female	6. COLOR OR RACE White	7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐	8. DATE OF BIRTH 1-4-1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) 78 IF UNDER 1 YEAR Months Days Hours Min.
11a. BIRTHPLACE (City and state or country) Galena, Kansas		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME Eli Brewen		13b. MOTHER'S MAIDEN NAME Alice Ida Creech	
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. Roy Arbuckle, Rt. 1 Oronogo, Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial Failure DUE TO (b) Arteriosclerotic Renal disease DUE TO (c) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.			INTERVAL BETWEEN ONSET AND DEATH 6 hours years
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 4/8/61 to 3/15/62 and last saw her alive on 3/15/62 Death occurred at 2:45 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE William D. Diney, D.O.		22b. ADDRESS Alba, Mo.	
22c. DATE SIGNED 3-17-62		22d. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3-17-62	23c. NAME OF CEMETERY OR CREMATORY Friends Cemetery	
23d. LOCATION (City, town, or county) (State) Purcell, Mo.		23e. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR Johnston-Simpson, Webb City, Mo.		25. DATE RECD. BY LOCAL REG. 3-17-62	
26. REGISTRAR'S SIGNATURE Mrs. Madeline Switzer		26. REGISTRAR'S SIGNATURE	

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 Jack C. Simpson

Licensed Embalmer No. 4647

P. O. Address Webb City, 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.