

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

**63-023872**

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 128

Primary Registration District No. 2000

Registrar's No. 1055

**FILED JUL 1 1963**

VS 300  
Rev. 4/59

10397

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DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|                                                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                                      |                                    |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Greene</u>                                                                                                                                                                                                                                                                                            |                                                                                                           | 2. USUAL RESIDENCE (Where deceased lived, if institution; Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Greene</u>                            |                                    |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><u>Springfield</u>                                                                                                                                                                                                                                                         |                                                                                                           | c. CITY OR TOWN <u>Ash Grove</u>                                                                                                                                     |                                    |
| Length of stay in 1b <u>3 months</u>                                                                                                                                                                                                                                                                                                    |                                                                                                           | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                                                                                 |                                    |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <u>2543 West Nichols Street</u>                                                                                                                                                                                                                          |                                                                                                           | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                               |                                    |
| 3. NAME OF DECEASED<br>(Type or print) First <u>CHARLEY</u> Middle <u>ARBUCKLE</u> Last <u>ARBUCKLE</u>                                                                                                                                                                                                                                 |                                                                                                           | 4. DATE OF DEATH Month <u>June</u> Day <u>24</u> Year <u>1963</u>                                                                                                    |                                    |
| 5. SEX <u>Male</u>                                                                                                                                                                                                                                                                                                                      | 6. COLOR OR RACE <u>White</u>                                                                             | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>          | 8. DATE OF BIRTH <u>Aug 1 1886</u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Farmer</u>                                                                                                                                                                                                                            |                                                                                                           | 10b. KIND OF BUSINESS OR INDUSTRY                                                                                                                                    |                                    |
| 11. BIRTHPLACE (City and state or country)<br><u>Missouri</u>                                                                                                                                                                                                                                                                           |                                                                                                           | 12. CITIZEN OF WHAT COUNTRY<br><u>U.S.A.</u>                                                                                                                         |                                    |
| 13a. FATHER'S NAME<br><u>Julian Arbuckle</u>                                                                                                                                                                                                                                                                                            |                                                                                                           | 13b. MOTHER'S MAIDEN NAME<br><u>unknown</u>                                                                                                                          |                                    |
| 14. NAME OF HUSBAND OR WIFE<br><u>Grace Arbuckle</u>                                                                                                                                                                                                                                                                                    |                                                                                                           | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><u>no</u>                                             |                                    |
| 16. SOCIAL SECURITY NO.<br><u>no</u>                                                                                                                                                                                                                                                                                                    |                                                                                                           | 17. INFORMANT<br><u>Melvin Arbuckle</u> Address <u>2543 West Nichols Springfield - Mo.</u>                                                                           |                                    |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>CORONARY Occlusion</u><br>DUE TO (b) <u>CORONARY Thrombosis</u><br>DUE TO (c) <u>Arterio Sclerosis</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. |                                                                                                           |                                                                                                                                                                      |                                    |
| 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:<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |                                    |
| 19. WAS AUTOPSY PERFORMED?<br>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 <u>JAN - 1963</u> to <u>JUNE 63</u> and last saw him alive on <u>JUNE 22-63</u><br>Death occurred at <u>3:00 p.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.                                                                                               |                                                                                                           |                                                                                                                                                                      |                                    |
| 22a. SIGNATURE (Degree or title)<br><u>C. F. Staeger D.O.</u>                                                                                                                                                                                                                                                                           |                                                                                                           | 22b. ADDRESS <u>Ash Grove Mo</u>                                                                                                                                     |                                    |
| 22c. DATE SIGNED <u>6/25/63</u>                                                                                                                                                                                                                                                                                                         |                                                                                                           |                                                                                                                                                                      |                                    |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Buried</u>                                                                                                                                                                                                                                                                              | 23b. DATE <u>6-26-63</u>                                                                                  | 23c. NAME OF CEMETERY OR CREMATORY <u>Mt Pleasant Cemetery</u>                                                                                                       |                                    |
| 23d. LOCATION (City, town, or county) (State)<br><u>Ash Grove - Mo.</u>                                                                                                                                                                                                                                                                 |                                                                                                           |                                                                                                                                                                      |                                    |
| 24. FUNERAL DIRECTOR <u>Burns - Daniel Ash Grove - Mo.</u>                                                                                                                                                                                                                                                                              |                                                                                                           | 25. DATE RECD. BY LOCAL REG. <u>6-27-63</u>                                                                                                                          |                                    |
| 26. REGISTRAR'S SIGNATURE <u>Effie E. Hutton</u>                                                                                                                                                                                                                                                                                        |                                                                                                           |                                                                                                                                                                      |                                    |

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

6-24-63

**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 *Hugh L. Samuel*

Licensed Embalmer No. 1702

P. O. Address *San Francisco*

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.