

FILED DEC 17 1968

DEPARTMENT OF PUBLIC HEALTH AND WELFARE - MISSOURI DIVISION OF HEALTH
(PHYSICIAN OR CORONER)

STATE FILE NUMBER

124 68-050099

CERTIFICATE OF DEATH

DO NOT WRITE
ON THIS STUBRegistration District No. 210 Primary Registration District No. 4321 Registrar's No. 61

9. 0
10a. 78
10b. 90
11. 0
12. 1
13. 4109
14. 4
15. 4
16. 6.0650
17. 2
18. 2
19. CREDITS
20. 1-0

VS 300
Rev. 1/684. 06505. 90

DECEASED

USUAL RESIDENCE
WHERE DECEASED
LIVED. IF DEATH
OCCURRED IN
INSTITUTION, GIVE
RESIDENCE BEFORE
ADMISSION.

PARENTS

CAUSE

CERTIFIER

Type or print in
PERMANENT BLACK INK.
See handbook for instructions.

DECEASED—NAME FIRST MIDDLE LAST JESSE ARBUCKLE			SEX Male	DATE OF DEATH (MONTH, DAY, YEAR) December 12, 1968			
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) White		AGE—(LAST BIRTHDAY) (YEARS) MO. DAYS 78	UNDE: 1 "EAR MO. DAYS	UNDER 1 DAY HOURS MIN.	DATE OF BIRTH (MONTH, DAY, YEAR) Jan. 24, 1890		
CITY, TOWN, OR LOCATION OF DEATH Mercer			HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) At Home				
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) Missouri		CITIZEN OF WHAT COUNTRY U.S.A.		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY) Married		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) Eva Cleo Goins	
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF AS IRECI) Farmer		KIND OF BUSINESS OR INDUSTRY Grain & Stock			
RES DENCE—STATE Missouri		COUNTY Mercer	CITY, TOWN, OR LOCATION Mercer		INSIDE CITY LIMITS (SPECIFY YES OR NO) Yes	STREET AND NUMBER None	
FATHER—NAME FIRST MIDDLE LAST George Arbuckle			MOTHER—MAIDEN NAME FIRST MIDDLE LAST Jane Davis				
INFORMANT—NAME Wendell H. Arbuckle			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) Mercer, Missouri 64661				
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH	
18. IMMEDIATE CAUSE							
(a) Acute Circulatory Failure DUE TO, OR AS A CONSEQUENCE OF:					seconds		
(b) Massive Coronary Thrombosis DUE TO, OR AS A CONSEQUENCE OF:					Minutes		
(c) Old and new Coronary infarctions DUE TO, OR AS A CONSEQUENCE OF:					yr		
(c) Advanced Arteriosclerosis DUE TO, OR AS A CONSEQUENCE OF:					yrs		
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)						AUTOPSY (YES OR NO) no	IF YES WERE FINDINGS CON- SIDERED IN DETERMINING CAUSE OF DEATH no
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)				
20a.	20b.	20c.	M. 20d.				
INJURY AT WORK (SPECIFY YES OR NO)	PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)					
20e.	20f.	20g.					
CERTIFICATION— PHYSICIAN: I ATTENDED THE 21a. DECEASED FROM Sept. 2, 68		MONTH DAY YEAR 21b. Dec. 12 68	MONTH DAY YEAR 21c. Dec. 11, 68	AND LAST SAW HIM/HER ALIVE ON Dec. 11, 68	I DID/DID NOT VIEW THE BODY AFTER DEATH. I did	DEATH OCCURRED AT THE PLACE, ON THE (MONTH) DATE, AND, TO THE BEST 21d. 3:30P OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.	
CERTIFICATION—MEDICAL EXAMINER OR CORONER; ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.			HOUR OF DEATH M. 22b.		THE DECEDENT WAS PRONOUNCED DEAD MONTH DAY YEAR HOUR		
CERTIFIER—NAME (TYPE OR PRINT) George F. Davison, D.O.		SIGNATURE <i>George F. Davison</i>		DEGREE OR TITLE	DATE SIGNED (MONTH, DAY, YEAR) Dec. 14, 1968		
23a. MAILING ADDRESS—CERTIFIER Box 498 Mercer, Missouri 64661		STREET OR R.F.D. NO. CITY OR TOWN STATE ZIP					
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION	CITY OR TOWN	STATE		
24a. Burial	24b. Pleasant Ridge		24c. Mercer County, Missouri				
DATE (MONTH, DAY, YEAR) Dec. 15, 1968	FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) 25a. Martin & Azbell 305 N. Edwy. Princeton, Mo. 64673						
FUNERAL DIRECTOR—SIGNATURE <i>Rayman Azbell</i>	REGISTERED—SIGNATURE <i>Paul W. ...</i>	DATE RECEIVED BY LOCAL REGISTRAR Dec. 16, 1968					
25b.	25c.	25d.					

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 *Ryan A. Bell*

Licensed Embalmer No. 5020

P.O. Address Princeton, 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: