

FILED OCT 28 1953

BIRTH NO.		REG. DIST. NO. 157		PRIMARY REG. DIST. NO. 3028		Registrar's No. 207	
1. PLACE OF DEATH a. COUNTY Jasper				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper			
b. CITY (If outside corporate limits, write RURAL and give town) Carthage		c. LENGTH OF STAY (in this place) 4 weeks		c. CITY (If outside corporate limits, write RURAL and give township) Rural Lincoln Twp.		0490	
d. FULL NAME OF HOSPITAL OR INSTITUTION Bishop Nursing Home 743 W. Central				d. STREET ADDRESS 7 Mi. S. Golden City			
3. NAME OF DECEASED (Type or Print) a. (First) FREDERICK b. (Middle) PURL c. (Last) ARBOGAST			4. DATE OF DEATH (Month) (Day) (Year) October 20, 1953				
5. SEX Male 0		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 23, 1872	
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Machinist & Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farm Threshing Machine operator		11. BIRTHPLACE (State or foreign country) Adams County, Ohio /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME Jacob Arbogast		13b. MOTHER'S MAIDEN NAME Margaret Ann Thatcher		14. NAME OF HUSBAND OR WIFE Mary Arbogast	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, up, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bryon Wilfley, 630 Cedar St., Carthage Mo.			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myasthenia Gravis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Senility.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>2 yrs.</u>
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>7440</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>none</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u>none</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>Nov 14</u> , 1952, to <u>Oct 20</u> , 1953, that I last saw the deceased alive on <u>Oct 17</u> , 1953, and that death occurred at <u>9:15 P.</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George H. Ward, M.D.</u>				23b. ADDRESS <u>Carthage Mo.</u>		23c. DATE SIGNED <u>Oct 22 '53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct. 24, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dudenville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Dade Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>10-22-53</u>		REGISTRAR'S SIGNATURE <u>Clayton B. Clinton, M.D.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Phillips Funeral Home, Golden City, Mo.</u>		ADDRESS	

OCT 27 1953

RECEIVED

Jasper County Health Office

County File Number 53-10-86#5

Date Filed OCT 27 1953

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
Student Embalmer

Signed.....

Licensed Embalmer No. 3278

P. O. Address Golden City, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.