No. 300
10-48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED SEP 14 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29120

BIRTH NO. _____ REG. DIST. NO. 372 PRIMARY REG. DIST. NO. 6263 Registrar's No. 19

1. PLACE OF DEATH
a. COUNTY: Webster
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour Rt 2
c. LENGTH OF STAY (in this place): Several years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Rural Finley

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Seymour Rt 2
d. STREET ADDRESS (If rural, give location): Rural Finley

3. NAME OF DECEASED (Type or Print)
a. (First): Lundy
b. (Middle):
c. (Last): DeArmond

4. DATE OF DEATH (Month) (Day) (Year): Aug 7 1949

5. SEX: F
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 12-14-1866
9. AGE (In years last birthday): 82
IF UNDER 1 YEAR: Months / Days
IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Webster County Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Absolum Rush
13b. MOTHER'S MAIDEN NAME: Mary Goss
14. NAME OF HUSBAND OR WIFE: Frank DeArmond

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.: None
17. INFORMANT'S SIGNATURE OR NAME: Miss Dorothy DeArmond
ADDRESS: Seymour 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerosis.
DUE TO (c) Senility

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify):
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) m.:
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?:

22. *I hereby certify that I attended the deceased from* 8-7 *19*49 *to* 8-7 *19*49 *that I last saw the deceased alive on* 8-7 *19*49 *and that death occurred at* 9:30 *a.m., from the causes and on the date stated above.*

23a. SIGNATURE: O. G. Beers M.D. (Degree or title)
23b. ADDRESS: Seymour Mo.
23c. DATE SIGNED: 9-6-49

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 8-9-49
24c. NAME OF CEMETERY OR CREMATORY: Rush Cemetery
24d. LOCATION (City, town, or county) (State): Seymour Rt 2 Mo

DATE REC'D BY LOCAL REG.: 9-6-49
REGISTRAR'S SIGNATURE: Gilbert Jones 345
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Kelley Ferrell Bergman

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED SEP 8 1949
District Health Office No. 6,
District File Number 949-1033
Date Filed 9-12-49

FEB 23 1954

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 K. K. Kelley
Licensed Embalmer No. 3334
P. O. Address Fordland Mo.

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

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