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

FILED OCT 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 31242

Registrar's No. 17

BIRTH NO.		REG. DIST. NO. 256		PRIMARY REG. DIST. NO. 4388		State File No. 31242	
1. PLACE OF DEATH a. COUNTY <u>Osage</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Osage</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Chambers Mo</u>				c. CITY (If outside corporate limits, write RURAL and give township) <u>Chambers Mo</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) <u>Armenta</u>		b. (Middle)		c. (Last) <u>Patton</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 3 1949</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>Color</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>June 1-1865</u>	
9. AGE (In years last birthday) <u>84</u>		10. MONTHS <u>4</u>		11. DAYS <u>2</u>		12. HOURS <u>19</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)				10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>			
11. BIRTHPLACE (State or foreign country) <u>Callaway Co., Mo</u>				12. CITIZEN OF WHAT COUNTRY? <u>yes</u>			
13a. FATHER'S NAME <u>unknown</u>				13b. MOTHER'S MAIDEN NAME <u>Ann Bludnow</u>			
14. NAME OF HUSBAND OR WIFE <u>deceased</u>							
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>				16. SOCIAL SECURITY NO. <u>NO</u>			
17. INFORMANT'S SIGNATURE OR NAME <u>Sally Mason</u>				ADDRESS <u>Chambers, Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac asthma</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cardiac decompensation</u> DUE TO (c) 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) (Min)		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 <u>Sept</u> , 19 <u>46</u> , to <u>Oct</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>10/3/49</u> , and that death occurred at <u>7:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. E. Giffen</u> (Degree or title)				23b. ADDRESS <u>Chambers, Mo.</u>		23c. DATE SIGNED <u>10/5/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-7-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chambers City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Chambers Mo</u>	
DATE REC'D BY LOCAL REG. <u>10-6-49</u>		REGISTRAR'S SIGNATURE <u>Patricia Sanders</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Otto T. Stockmich</u>		ADDRESS <u>Chambers Mo</u>	

RECEIVED OCT 10 1919
District Health Officer No. 9,
District File Number

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, by

Student Embalmer No. _____

working under my personal supervision.

Signed _____

Otto T. Stocksick

Signed _____
Student Embalmer

Licensed Embalmer No. 1902

P. O. Address Chamois, Ill.

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