

FILED MAR 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9893

830

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

BIRTH NO. _____		REG. DIST. NO. <u>3180</u>		PRIMARY REG. DIST. NO. <u>5967</u>		Registrar's No. <u>182</u>	
1. PLACE OF DEATH a. COUNTY <u>Platte</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Platte</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		c. LENGTH OF STAY (in this place) <u>Entire Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>		0530	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Route # 2, Weston</u>				d. STREET ADDRESS (If rural, give location) <u>Rural Route # 2, Weston</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary E</u> b. (Middle) <u>Belle</u> c. (Last) <u>Armontrou</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 25 1950</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>June 22, 1882</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 2 HRS. Hours <u>0</u> Min. <u>0</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	11. BIRTHPLACE (State or foreign country) <u>Buchanan County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Simond Pulliam</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>William Armontrou, deceased</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. George Bramble, Weston, Mo.</u>					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Essential Hypertension</u> DUE TO (c) <u>Chronic Myocarditis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>20 yrs.</u> <u>2-3 yrs</u> <u>10 yrs</u> <u>4 1/2 X</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <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. 23, 1949</u> , to <u>Feb. 25, 1950</u> , that I last saw the deceased alive on <u>Feb. 24, 1950</u> , and that death occurred at <u>2 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Chas. S. Brubaker, D.</u>			23b. ADDRESS <u>Atchison Kansas</u>		23c. DATE SIGNED <u>2/25/50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb., 27, 50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Sugar Creek</u>		24d. LOCATION (City, town, or county) (State) <u>Rushville Missouri</u>			
DATE REC'D BY LOCAL REG. <u>Feb 27 1950</u>	REGISTRAR'S SIGNATURE <u>Alphie Rollins</u> 257		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Sawin-Douglass Atchison, Kansas</u>				

RECEIVED MAR 14
District Health Officer No. 8,
District File Number
Date Filed 3-22-50

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

J. Meyer

Licensed Embalmer No. 4320

P. O. Address Atchison, Kansas

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.