

FILED SEP 20 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29818

State File No.

No. 300
10-48
 BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 218

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Maries</u>	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Rural Jackson Twp.</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Jackson Twp.</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Vienna, Mo.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jessie</u> b. (Middle) <u>M.</u> c. (Last) <u>Armer</u>			4. DATE OF DEATH (Month) <u>Sept.</u> (Day) <u>12</u> (Year) <u>50</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Oct. 14, 1886</u>	9. AGE (In years last birthday) <u>65</u>	IF UNDER 1 YEAR Months <u>85</u> Days <u>19</u> Hours <u>28</u> Min.
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>House keeping</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
13a. FATHER'S NAME <u>Robert Franklin</u>			13b. MOTHER'S MAIDEN NAME <u>Martha Branson</u>		14. NAME OF HUSBAND OR WIFE <u>Ray Armer</u>

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lester Armer</u> ADDRESS <u>Vienna, 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, asthenia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>arteriosclerotic</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4:20:00</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Heart Disease</u> DUE TO (c) <u>Myocardial Failure</u>		
	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 <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 Aug 5, 1950 to Sept 12, 1950, that I last saw the deceased alive on Sept 12, 1950 and that death occurred at 8 p. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>Dr. Oszman MD</u>		23b. ADDRESS <u>Jefferson City, Mo.</u>		23c. DATE SIGNED <u>9/15/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>9-15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Union Hill Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Maries County Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept 16-1950</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Vienna Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

264
0

RECEIVED

9-19-50

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 9-19-50

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.

Signed _____
Student Embalmer

Signed W. B. Birmingham

Licensed Embalmer No. 3664

P. O. Address Cicero, 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 this body is not embalmed, fact should be so stated above.