

THE DIVISION OF HEALTH OF MISSOURI STANDARD CERTIFICATE OF DEATH

25986

State File No. _____

FILED JUL 29 1953

BIRTH NO. _____ REG. DIST. NO. 301 PRIMARY REG. DIST. NO. 6035 Registrar's No. 383

1. PLACE OF DEATH a. COUNTY Ripley		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Ripley	
b. CITY (If outside corporate limits, write RURAL and give township) Rural-Jordan twp.		c. CITY (If outside corporate limits, write RURAL and give township) Rural-Jordan Twp.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 9 miles north of Doniphan		d. STREET ADDRESS (If rural, give location) 9 mi. N. of Doniphan	
3. NAME OF DECEASED (Type or Print) Warren M. Armes		4. DATE OF DEATH (Month) (Day) (Year) July 2, 1953	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH Feb. 11, 1886
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid 40 yrs.		9b. KIND OF BUSINESS OR INDUSTRY	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid 40 yrs.		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Ely Armes		13b. MOTHER'S MAIDEN NAME Martha Simon	
14. NAME OF HUSBAND OR WIFE none			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
17. INFORMANT'S SIGNATURE OR NAME Halsey Armes		ADDRESS Doniphan, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hyperstatic Pneumonia ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Position in bed DUE TO (c) Paralyzed for many years 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 35-2 X	
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) (Min.)		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 observed ^{saw} the deceased from <u>at time of death</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>6 P. M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) J. C. Adams, M.D.		23b. ADDRESS Doniphan, Mo.	
23c. DATE SIGNED 7-4-53			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/3/1953	
24c. NAME OF CEMETERY OR CREMATORY Elizabeth Cemetery		24d. LOCATION (City, town, or county) (State) Ripley County, Missouri	
DATE REC'D BY LOCAL REG. 7-11-53		REGISTRAR'S SIGNATURE W. J. Johnston	
25. FUNERAL DIRECTOR'S SIGNATURE Blak-Edwards		ADDRESS Doniphan, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

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. 4809

P. O. Address Dorchester, MA

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.