

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

11000

State File No. _____

DECEASED APR 7 1954 BIRTH NO. _____ REG. DIST. NO. 367 PRIMARY REG. DIST. NO. 4531 Registrar's No. 31

1. PLACE OF DEATH a. COUNTY <u>Warren</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Warren</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrenton</u>	c. LENGTH OF STAY (in this place) <u>4 yrs.</u>	c. CITY OR TOWN	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Katie Jane Memorial Home</u>		STREET ADDRESS (If rural, give location) <u>Northwest of Warrenton</u> ¹⁰⁹⁰	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Anna Elizabeth</u> b. (Middle) <u>Armentrout</u> c. (Last) <u>Armentrout</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 30, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED? <u>Divorced</u> <small>WIDOWED, DIVORCED (Specify)</small>	8. DATE OF BIRTH <u>June 25, 1873</u>		9. AGE (In years last birthday) <u>80</u> <small>IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Min.</small>
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>Own home</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Iowa</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>? Palmer</u>	13b. MOTHER'S MAIDEN NAME <u>?</u>	14. NAME OF HUSBAND OR WIFE <u>Wm. Emory Armentrout</u>
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Chas. Futhey, R.R., Jonesburg, Mo.</u>	ADDRESS
---	--	---	----------------

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <small>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</small>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis acute</u>		
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis -</u> DUE TO (c) <u>Arteriosclerosis, Glomerulonephritis</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 <u>4201</u>	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)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR?
--	---	-----------------------------------

22. I hereby certify that I attended the deceased from Jan 6, 1950 to March 30, 1954, that I last saw the deceased alive on March 28, 1954, and that death occurred at 12:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>Warrenton Mo</u>	23c. DATE SIGNED <u>4-1-54</u>
--	---	---------------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-1-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jonesburg, Mo.</u>
--	--------------------------------	--	--

DATE REC'D BY LOCAL REG. <u>4-1-54</u>	REGISTRAR'S SIGNATURE <u>Floyd A Logan</u> ⁴²¹⁻⁷	25. FUNERAL DIRECTOR'S SIGNATURE <u>F.W. Nieburg & Co., Warrenton, Mo.</u>	ADDRESS
---	--	---	----------------

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

(License Embroider's System on Reverse Side)

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..

or
 Student _____
Signature of Student Embalmer

Signed *John Hieburg*

Licensed Embalmer No. *389*

P. O. Address *Warrenton*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.