

14429

 THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No.

FILED MAY 9 1955

Pg. 300
10.48

BIRTH NO.		REG. DIST. NO. <u>352</u>		PRIMARY REG. DIST. NO. <u>4517</u>		Registrar's No. <u>27</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Taney</u>		a. STATE <u>MO</u>		b. COUNTY <u>Taney</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give RURAL and give township) <u>Oranston</u>		c. LENGTH OF STAY (in this place) <u>4 days</u>		c. CITY OR TOWN <u>Powersite</u>		e. STREET ADDRESS (If rural, give location) <u>Rural</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>Spang Hospital</u>				1060			
3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			5. SEX	
a. (First) <u>Salomon</u>			b. (Middle) <u>Wiley</u>			c. (Last) <u>Armbrust</u>	
6. DATE OF BIRTH			7. AGE (in years last birthday)			8. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (By date)	
<u>Oct 21-1876</u>			<u>75</u>			<u>Married</u>	
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country)		12. CITIZEN OF WHAT COUNTRY?	
<u>Electrician</u>		<u>Electrical work</u>		<u>Wintersport, Iowa</u>		<u>USA</u>	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE			
<u>Casper Armbrust</u>		<u>Mary Estel Armbrust</u>		<u>Mildred E. Armbrust</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO. (If yes, give war or dates of service)		17. INFORMANT'S SIGNATURE OR NAME ADDRESS			
<u>no</u>		<u>no</u>		<u>Mildred E. Armbrust</u> <u>no</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET OF DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>		DUE TO (b) <u>Osteoarthritis of Heart</u>				<u>2 days</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u>General arteriosclerosis</u>				<u>102 yph</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>None</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
						<u>4:00</u>	
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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <u>4:26</u> <u>1955</u> , to <u>5:11</u> , <u>1955</u> ; that I last saw the deceased alive on <u>5/7</u> , <u>1955</u> , and that death occurred at <u>9:15 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title)				23b. ADDRESS		23c. DATE SIGNED	
<u>[Signature]</u>				<u>Forest Hill</u>		<u>5/2/55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)	
<u>None</u>		<u>5-3-1955</u>		<u>Clark Memorial Park</u>		<u>Oranston MO</u>	
DATE REC'D BY LOCAL REG.		REGISTRAR'S SIGNATURE		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS			
<u>5/7/55</u>		<u>Helen Campbell</u>		<u>Whelsh Funeral Home</u> <u>Oranston MO</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 10 1955

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
Signature of Student Embalmer

Signed *Morris P. Wheelabel*

Licensed Embalmer No. *227*

P. O. *Barren*

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.