

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

State File No. **28915**

FILED SEP 20 1955 BIRTH NO. **27** REG. DIST. NO. **3005** PRIMARY REG. DIST. NO. **82** Registrar's No. **82**

1. PLACE OF DEATH a. COUNTY Bates b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Butler c. LENGTH OF STAY (in days) 8 days d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hospital				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Elkhart Twp. - Rural d. STREET ADDRESS (If rural, give location) 0070			
3. NAME OF DECEASED a. (First) Scott b. (Middle) Edwin c. (Last) Armentrout (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year) Sept. 14, 1955				
5. SEX male		6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married			
8. DATE OF BIRTH Apr. 12, 1904		9. AGE (In years last birthday) 51		10. UNDER 1 YEAR (Months) 5 Days 2 Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) farmer		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME Geo. Wilson Armentrout		13b. MOTHER'S MAIDEN NAME Mary Pearl Scott		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. 494-40-2953		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mary Pearl Armentrout Adrian, Mo.			
MEDICAL CERTIFICATION							
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) hypertensive chronic ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Embolic P. H. Thrombosis DUE TO (c)			INTERVAL BETWEEN ONSET AND DEATH 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 none			20. AUTOPSY? YES ☐ NO ☒		
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) 592x			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR? none			
22. I hereby certify that I attended the deceased from year , 19 9-14 , 19 53 , to 9-14 , 19 53 , that I last saw the deceased alive on Sept. 14, 1955 , and that death occurred at 5:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. E. Robinson M.D.			23b. ADDRESS Adrian, Mo.		23c. DATE SIGNED 9-15-55		
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE 9-16-55		24c. NAME OF CEMETERY OR CREMATORY Scott Cemetery			
24d. LOCATION (City, town, or county) (State) Bates Co. Mo.							
DATE REC'D BY LOCAL REG. 9-16-55		REGISTRAR'S SIGNATURE Randall K. Gray		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Angold Amsterdam, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

9-15-55

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 _____

Robert L. Mangold
Licensed Embalmer No. *4972*

P. O. Address *La Crosse, Kans.*

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.