

FILED FEB 15 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 139

BIRTH NO. _____		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>4034</u>		Registrar's No. <u>21</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>North Dakota</u> b. COUNTY <u>Mountrail</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Hume</u>		c. LENGTH OF STAY (in this place) <u>about 3 mos</u>		c. CITY OR TOWN <u>Stanley</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) <u>833^e 8</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Susie</u>		b. (Middle) <u>Grace</u>		c. (Last) <u>Armour</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 6 1956</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>		8. DATE OF BIRTH <u>April 19 1880</u>	
9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Waxspool Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>J J Lee</u>		13b. MOTHER'S MAIDEN NAME <u>Lucinda Moran</u>		14. NAME OF HUSBAND OR WIFE <u>Ira Lee Armour</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 ADDRESS <u>Lula Smith</u> <u>Hume Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerotic heart disease</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. INTERVAL BETWEEN ONSET AND DEATH <u>3 min</u>					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>4000</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 type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____			
22. I hereby certify that I attended the deceased from <u>new from the before death</u> to <u>19</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at <u>7 A</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Type or Print) <u>Thomas F. Boyd Sr.</u>		23b. ADDRESS <u>Rich Hill Mo. 2-6-56</u>		23c. DATE SIGNED _____			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>removal</u>		24b. DATE <u>Feby 7 1956</u>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <u>Stanley Mountrail No Dakot.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 6 56</u>		REGISTRAR'S SIGNATURE <u>Hendell Kerney</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>TORNE DEN FUNERAL HOME</u> <u>PLEASANTON KANSAS</u>			

(Licensed Embalmer's State of Missouri)

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

9981 91 834

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, ~~XXX~~ by, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed..... *Earl W. Jensen*

Licensed Embalmer No..... 3587

P. O. Address Pleasanton, K

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.