

FILED MAR 8 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **4583**  
**689**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived). If institution: residence before admission: a. STATE <b>Missouri</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS City</b>		c. CITY OR TOWN <b>KANSAS City</b>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>50 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>4337 GARFIELD AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>St. Luke's Hospital</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>ERNEST</b>	b. (Middle) <b>L</b>	c. (Last) <b>ARMACOST</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>FEB -15, 1956</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Sept 28, 1872</b>	9. AGE (In years last birthday) <b>83</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	Mins.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Armacost Motors</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Ohio</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>Epiphanius ARMACOST</b>	13b. MOTHER'S MAIDEN NAME <b>Maitha Cooper</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. NANCY MAY ARMACOST</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>294-24-0674</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. LELIA DUNBAR</b>	ADDRESS <b>4337 GARFIELD KANSAS CITY MO.</b>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>M myocardial infarction 1 wk</b>		INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	ANTECEDENT CAUSES		<b>4201</b>
	Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		
	DUE TO (b) _____ DUE TO (c) _____		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 1955, 19  , to 2-15, 1956, that I last saw the deceased alive on 2-14-56, and that death occurred at 12:30A m., from the causes and on the date stated above.

23a. SIGNATURE <b>Mark Dodge</b> (Degree or title) <b>MD</b>	23b. ADDRESS <b>Ke Mo</b>	23c. DATE SIGNED
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>REMOVAL</b>	24b. DATE <b>FEB-15-1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>MT. ZION CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>NEW RICHMOND, OHIO</b>
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DATE REC'D BY LOCAL REG. <b>2-15-56</b>	REGISTRAR'S SIGNATURE <b>NEVA Marshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D.W. NEWCOMER'S SONS</b> ADDRESS <b>1331 28th St. E. OKC MO.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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**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 *Adrian Jay Ste...*

Licensed Embalmer No. *438*

P. O. Address *K.C., Mo.*

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.