

FILED APR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **15212**
Registrar's No. **65**

BIRTH NO.		REG. DIST. NO. 333		PRIMARY REG. DIST. NO. 3074		Registrar's No. 65	
1. PLACE OF DEATH a. COUNTY Scott				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Scott			
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston		c. LENGTH OF STAY (In this place) 12 Yrs.		c. CITY OR TOWN Sikeston		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 966 Lake Street				e. STREET ADDRESS (If rural, give location) 966 Lake Street			
3. NAME OF DECEASED (Type or Print) GEORGE		a. (First)		b. (Middle) WASHINGTON		c. (Last) ARMOUR	
4. DATE OF DEATH April 9, 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH May 30, 1891		9. AGE (In years last birthday) 65		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		11. BIRTHPLACE (City and State or Foreign Country) Bertrand, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME George W. Armour		13b. MOTHER'S MAIDEN NAME Nancy Vowels		14. NAME OF HUSBAND OR WIFE Bertie Armour	
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. 496-12-4013		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Bertie Armour Sikeston, Mo.			
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Insufficiency 15min INTERVAL BETWEEN ONSET AND DEATH 5-6 yrs 5-6 yrs II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 1. Pulmonary Emphysema 2. Atherosclerosis			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		4/20/	
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) m.		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 8-18 , 19 53 , to 4-9 , 19 56 , that I last saw the deceased alive on 4-7 , 19 56 , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Andrew B. Smith MD M.D.				23b. ADDRESS Sikeston, Missouri		23c. DATE SIGNED 4-12-56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE April 11, 1956		24c. NAME OF CEMETERY OR CREMATORY Armour Cemetery		24d. LOCATION (City, town, or county) (State) Bertrand, Missouri	
DATE REC'D BY LOCAL REG. 4-12-56		REGISTRAR'S SIGNATURE Mrs. Ella Hunter		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Nunnelee Funeral Chapel Sikeston Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

APR 16 1956

DATE RECEIVED

SCOTT CO. HEALTH DEPT.

CO. FIL. No.

456-92

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 _____

Philip J. Cassady

Licensed Embalmer No. 461

P. O. Address

Shelton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.