

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED SEP 26 1956

State File No. **30513**  
Registrar's No. **65**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **139** PRIMARY REG. DIST. NO. **5540**

1. PLACE OF DEATH a. COUNTY <b>Holt 0440</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Holt 0440</b>	
b. CITY OR TOWN <b>OREGON (Rural) Madras</b>		c. CITY OR TOWN <b>OREGON</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <b>11 yrs</b>		e. STREET ADDRESS (If rural, give location) <b>5 Miles East OREGON</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		3. NAME OF DECEASED (Type or Print) a. (First) <b>ARTHUR</b> b. (Middle) <b>Lee</b> c. (Last) <b>ARMENTROUT</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>Sept 15, 1956</b>
8. DATE OF BIRTH <b>Oct 25, 1894 61</b>		9. AGE (In years last birthday) <b>61</b>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>
11. BIRTHPLACE (City and State or Foreign Country) <b>9</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>THOMAS Armentrout</b>		13b. MOTHER'S MAIDEN NAME <b>Ida Belle Cupp</b>	
14. NAME OF HUSBAND OR WIFE <b>Lora Annetta Armentrout</b>		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. _____		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs Lora Armentrout</b> ADDRESS _____	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CORONARY THROMBOSIS</b>  ANTECEDENT CAUSES 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 <b>No.</b>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>No.</b>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>H20.)</b>	
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 <b>Aug</b> , 1955, to <b>SEPT 15</b> , 1956, that I last saw the deceased alive on <b>SEPT 13</b> , 1956, and that death occurred at <b>3 A.</b> m., from the causes and on the date stated above.	
23a. SIGNATURE <b>D. H. E. Collins</b> (Degree or title) <b>D.O. J.</b>		23b. ADDRESS <b>Oregon, Mo.</b>	
23c. DATE SIGNED <b>9/15/56</b>		24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	
24b. DATE <b>9-17-56</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Mount Hope Cemel</b>	
24d. LOCATION (City, town, or county) (State) <b>Mound City, Mo.</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>James H. Pettigrew</b> ADDRESS <b>Oregon Mo</b>	
DATE REC'D BY LOCAL REG. <b>9-17-56</b>		REGISTRAR'S SIGNATURE <b>James H. Pettigrew</b>	

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

*James H. Pittzahn*

Licensed Embalmer No. *3192*

P. O. Address *Oregon*

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.