

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-020058

STATE FILE NUMBER

AMENDED

Registration District No. 328 Primary Registration District No. 3073 Registrar's No. 18

FILED JUN 6 1961

1. PLACE OF DEATH

a. COUNTY

SCOTT

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

KELSO TOWNSHIP

Length of stay in 1b

32 YRS

c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION

1/2 mi. NORTH-CHAFFEE, MO

Inside Limits

Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Missouri

b. COUNTY

SCOTT

c. CITY
OR TOWN

CHAFFEE

Inside Limits

Yes ☐ No ☒d. STREET
ADDRESS(If outside, give location)
R.F.D. #2

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED
(Type or print)

First

Missouri ELIZABETH ARMES

Middle

Last

ARMES

4. DATE
OF DEATH

Month

Day

Year

MAY 31, 1961

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

8. DATE OF BIRTH

9-5-1863

9. AGE (last birthday)

97

IF UNDER 1 YEAR

Months Days

IF UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

HOUSEWIFE

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

FRANKLIN COUNTY, ILL.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

ROBERT CLAYTON

13b. MOTHER'S MAIDEN NAME

UNKNOWN

14. NAME OF HUSBAND OR WIFE

WILLIS MOSES ARMES

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.

NONE

17. INFORMANT

HARRY ARMES - Rt. 2-CHAFFEE, MO.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Medullary Failure

INTERVAL BETWEEN ONSET AND DEATH

1 hr.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

Cardiovascular arteriosclerosis 10 yrs.

DUE TO (c)

Anoxia and Delirium

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Senility

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED?

YES ☐ NO ☒

20a. ACCIDENT

☐

SUICIDE

☐

HOMICIDE

☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY

Hour

a.m.

p.m.

Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION

COUNTY

STATE

21. I attended the deceased from April 1961 to May 31 1961 and last saw her alive on April 28, 1961
Death occurred at 10:50 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

H. H. Schmeyer

(Degree or title)

D.O.

22b. ADDRESS

Chaffee, Missouri

22c. DATE SIGNED

5-31-61

23a. BURIAL, CREMATION, REMOVAL (Specify)

BURIAL

23b. DATE

JUNE 2, 1961

23c. NAME OF CEMETERY OR CREMATORY

EAST FORK CEMETERY

23d. LOCATION (City, town, or county)

WEST FRANKFORT, ILLINOIS

24. FUNERAL DIRECTOR

BISPLINGHOFF FUNERAL HOME - CHAFFEE, MO.

ADDRESS

25. DATE RECD. BY LOCAL REG.

May 31-1961

26. REGISTRAR'S SIGNATURE

Mrs. Fred Bisplinghoff

(Licensed Embalmer's Statement on Reverse Side)

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

Jack T. Burnett

Licensed Embalmer No.

4473

P. O. Address

Chaffee, M

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.