

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007542

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 294

Primary Registration District No. 2056

Registrar's No. 45

FILED MAR 5 1962

1. PLACE OF DEATH

a. COUNTY

Randolph

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

Length of stay in 1b

4 weeks

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

Inside Limits

Yes ☒ No ☐

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

a. STATE Missouri

b. COUNTY Monroe

c. CITY OR TOWN

near Madison

Inside Limits

Yes ☐ No ☒

d. STREET ADDRESS

(If outside, give location)

Route # 2

Reside on Farm

Yes ☒ No ☐

3. NAME OF DECEASED

(Type or print)

First

Bessie

Middle

Eadie

Last

Armontrout

4. DATE OF DEATH

Month

Feb

Day

15

Year

1962

5. SEX

Female

6. COLOR OR RACE

Caucasian

7. Married ☒ Never Married ☐Widowed ☐ Divorced ☐

8. DATE OF BIRTH

Oct 31, '89

9. AGE (last birthday)

72

IF UNDER 1 YEAR

Months 3

Days 14

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

Homemaking

11. BIRTHPLACE (City and state or country)

Garrett County, Ky.

12. CITIZEN OF WHAT COUNTRY

USA

13a. FATHER'S NAME

Samuel L. Simpson

13b. MOTHER'S MAIDEN NAME

Louanh Woolridge

14. NAME OF HUSBAND OR WIFE

Gilbert G. Armontrout

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown)

no

16. SOCIAL SECURITY NO.

(If yes, give war or dates of service)

none

17. INFORMANT

none

Address

Gilbert Armontrout Madison, 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) Hypertensive cardiovascular renal Disease Unkn

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

DUE TO (b)

DUE TO (c)

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

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 Jan 17th 1962

and last saw her alive on Feb 15th

Death occurred at Feb 15th 5:20 am on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Thos. S. Fleming MD

22b. ADDRESS

Moberly Mo

22c. DATE SIGNED

2-15-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

Feb. 17, 1962

23c. NAME OF CEMETERY OR CREMATORY

Centralia Cemetery

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

Centralia, Missouri

24. FUNERAL DIRECTOR

ADDRESS

Bessie J. Meador Centralia Missouri

25. DATE RECD. BY LOCAL REG.

2-27-62

REGISTRAR'S SIGNATURE

[Signature]

(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

Bess Jo Meador

Licensed Embalmer No. 4876

P. O. Address Centralia, Missouri

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.