

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-023805

STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 178 Primary Registration District No. \_\_\_\_\_ Registrar's No. 65

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0560  
2 8050  
3  
4 0  
5 1  
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7 0  
8 2  
9493X  
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11  
12 86-2  
13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Lewis</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>COI</b> b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Lewistown</b>		Length of stay in lb <b>6 wks</b>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Prairie View Rest Home</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>ALVIN</b> Middle <b>L.</b> Last <b>ARMENT</b>		4. DATE OF DEATH Month <b>July</b> Day <b>2</b> Year <b>1962</b>	
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>30 Oct 1885</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Employee-Railroad</b>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <b>76</b>
11. BIRTHPLACE (City and state or country) <b>Knox County</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	
13a. FATHER'S NAME <b>Martin S. Arment</b>		13b. MOTHER'S MAIDEN NAME <b>Rowena Clark</b>	
14. NAME OF HUSBAND OR WIFE <b>Addie Arment</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. <b>711-18-3726</b>		17. INFORMANT Address <b>Mrs. Ernest Parrish Newark, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Pneumonia</b> 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) <b>Arterio-sclerosis + Senility</b>			INTERVAL BETWEEN ONSET AND DEATH <b>24 hrs</b>
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		
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 <u>June 1962</u> to <u>2 July 62</u> and last saw him alive on <u>2 July 62</u> Death occurred at <u>4 p</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <b>John W. With</b> (Degree or title) <b>O.O.</b>		22b. ADDRESS <b>Lewis, Mo.</b>	
22c. DATE SIGNED <b>3 July 62</b>		23. LOCATION (City, town, or county) (State) <b>Knox County Mo</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>burial</b>	23b. DATE <b>5 July 1962</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harmony Cemetery</b>	23d. DATE RECD. BY LOCAL REG. <b>7-6-'62</b>
24. FUNERAL DIRECTOR <b>HUDSON-RIMER FUNERAL HOME</b>		25. REGISTRAR'S SIGNATURE <b>Mrs. Henry Lloyd</b>	

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AUG 14 1962  
AUG 21 1962

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 Jerry L. Davis, Student Embalmer No. 666

working under my personal supervision.

Student Jerry L. Davis  
Signature of Student Embalmer

Signed

AS Rimer

Licensed Embalmer No. 5041

P. O. Address Edina, 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.