

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

**62-039895**  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 316 Primary Registration District No. 3059 Registrar's No. 459

**FILED NOV 8 1962**

VS 300  
Rev. 4/59

1 0941

2 0942

3 2

4 0

5 1

6

7 0

8 2

9 9443X

10

11

12 1-0

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 <u>St. Francois</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>St. Francois</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bonne Terre</u>		Length of stay in lb <u>few hours</u>	c. CITY OR TOWN <u>Flat River</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Bonne Terre Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>301 Crane Street</u>	
3. NAME OF DECEASED (Type or print) First <u>Lewis</u> Middle <u>Clarence</u> Last <u>Armon</u>			4. DATE OF DEATH Month <u>October</u> Day <u>29</u> Year <u>1962</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>12/20/85</u>	9. AGE (last birthday) <u>76</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>electrical foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>lead mine</u>		11. BIRTHPLACE (City and state or country) <u>Silver Spring, Mo.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		13a. FATHER'S NAME <u>James Armon</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Forshoe</u>	
14. NAME OF HUSBAND OR WIFE <u>Carrie U. (Moore)</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>9</u>	
17. INFORMANT <u>wife, Carrie Armon;</u>		Address <u>301 Crane St. Flat River, Mo.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 1/2</u>	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>HYPERTENSIVE CARDIO-VASCULAR DISEASE</u> 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) <u>GENERALIZED ARTERIOSCLEROSIS</u>				PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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>10-22-62</u> to <u>10-29-62</u> and last saw <sup>her</sup> him alive on <u>10-26-62</u> Death occurred at <u>12:15 AM</u> m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) <u>C. E. Carleton M.D.</u>			22b. ADDRESS <u>Farmington Mo</u>		22c. DATE SIGNED <u>10-31-62</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		23b. DATE <u>Nov. 1, 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>St. Francois Memorial</u>		23d. LOCATION (City, town, or county) (State) <u>Bonne Terre Mo.</u>
24. FUNERAL DIRECTOR <u>Alvin W. Hood</u>		ADDRESS <u>Flat River, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Nov. 31, 1962</u>	26. REGISTRAR'S SIGNATURE <u>Cather Rudloff</u>

USE BLACK INK OR TYPEWRITER RIBBON

NOV 9 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 \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Alvin W. Hood

Licensed Embalmer No. 2780

P. O. Address \_\_\_\_\_

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.