

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-014865

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 32 Primary Registration District No. 3005 Registrar's No. 77

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY Bates		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Bates	
b. CITY (If outside corporate limits, give TOWNSHIP only) Butler		c. CITY OR TOWN Butler	
Length of stay in 1b 2 weeks		Inside Limits <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) Bates Co. Memorial Hosp.		d. STREET ADDRESS (If outside, give location) 507 N Fulton	
3. NAME OF DECEASED (Type or print) Gussie Logan Armentrout		4. DATE OF DEATH Month April Day 5 Year 1963	
5. SEX Female	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 11/7/1878
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) homemaker		10b. KIND OF BUSINESS OR INDUSTRY	
11a. FATHER'S NAME Hiram Way		11b. MOTHER'S MAIDEN NAME Drusanna Biddle	
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 Mrs Melvin Rice, Butler Mo.		14. NAME OF HUSBAND OR WIFE Chas. J Armentrout	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Generalized Broncho-pneumonia Myocardial insufficiency DUE TO (b) Pulmonary Emphysema and Heart Bundle Branch Block DUE TO (c) Branch Block		INTERVAL BETWEEN ONSET AND DEATH 1 wk 6 mo 1 wk	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease/condition given in PART I (a) Osteoporosis spine		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 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 <input type="checkbox"/> a.m. <input type="checkbox"/> 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 Mar. 26 1963 to April 5, 1963 and last saw her alive on April 5, 1963 Death occurred at 11:15 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Deedee or title) Carter N. Luter M.D.		22b. ADDRESS Butler Missouri	
22c. DATE SIGNED 4/6/63			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4/9/63	23c. NAME OF CEMETERY OR CREMATORY SUNSET Cemetery	23d. LOCATION (City, town, or county) (State) Warrensburg Mo.
24. FUNERAL DIRECTOR Culver Underwood, Butler Missouri		26. REGISTRAR'S SIGNATURE Norma Frank Wilson	

(Licensed Embalmer's Statement on Reverse Side)

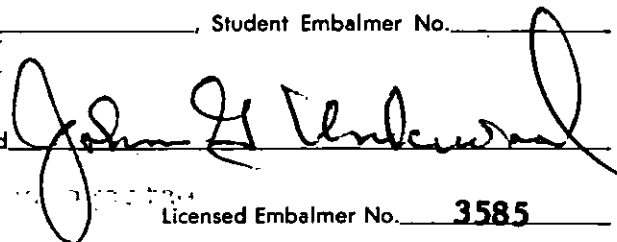
USE BLACK INK
OR
TYPEWRITER RIBBON

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



Licensed Embalmer No. 3585

P. O. Address Butler 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.