

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22011

State File No.

FILED JUN 22 1953

BIRTH NO.		REG. DIST. NO. <u>169</u>		PRIMARY REG. DIST. NO. <u>4258</u>		Registrar's No. <u>50</u>		
1. PLACE OF DEATH a. COUNTY <u>Knox</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Knox</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		c. LENGTH OF STAY (In this place) <u>3 Wks</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Edina</u>		0520 0		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Gibson Hospital</u>				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Roy</u> b. (Middle) <u>Lee</u> c. (Last) <u>Arment</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 13 1953</u>					
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb 12 1887</u>		9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>Knox County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		
13a. FATHER'S NAME <u>George Arment</u>			13b. MOTHER'S MAIDEN NAME <u>Ida Murman</u>		14. NAME OF HUSBAND OR WIFE <u>Elizabeth Arment</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>43-204999-10</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Roy Arment</u> ADDRESS <u>Edina, Mo</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Toxemia</u>				DUPLICATE				<u>3 day</u>
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>Carcinomatous</u>				DUPLICATE				<u>1 yr</u>
DUE TO (c) <u>Metastasis from prostate</u>				DUPLICATE				<u>2 yrs</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				DUPLICATE				
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		177X		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from <u>June</u> , 19 <u>50</u> , to <u>6-12</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>6-13</u> , 19 <u>53</u> , and that death occurred at <u>2:55 P.M.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Inscribed or title) <u>W. Mahoney No. 2</u>				23b. ADDRESS <u>Edina, Mo</u>		23c. DATE SIGNED <u>6-13-53</u>		
24a. BURIAL OR CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>15 June 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Harmony Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Knox County Missouri</u>			
DATE REC'D BY LOCAL REG. <u>June 15-53</u>		REGISTRAR'S SIGNATURE <u>Helle S. Hunalt</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Rimer</u> ADDRESS <u>Edina, Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

520
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JUN 22 1953

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
Student Embalmer

Signed Mrs J. W. Anderson

Licensed Embalmer No. 2972

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 this body is not embalmed, fact should be so stated above.