

FILED MAY 16 1955

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **10941**

BIRTH NO. _____		REG. DIST. NO. 27		PRIMARY REG. DIST. NO. 8005		Registrar's No. 44		
1. PLACE OF DEATH a. COUNTY Bates				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Bates				
b. CITY OR TOWN Butler, Mo.		c. LENGTH OF STAY (in this place) 2 wks.		c. CITY OR TOWN Amsterdam		d. STREET ADDRESS (If rural, give location) none		
d. FULL NAME OF HOSPITAL OR INSTITUTION Butler Memorial Hosp.				d. STREET ADDRESS (If rural, give location) none				
3. NAME OF DECEASED (Type or Print) a. (First) John			b. (Middle) Watson		c. (Last) Armentrout		4. DATE OF DEATH (Month) (Day) (Year) 5-5-55	
5. SEX Male	6. COLOR OR RACE Wh	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married		8. DATE OF BIRTH 2-23-1899	9. AGE (In years last birthday) 56	IF UNDER 1 YEAR Months 2 Days 12	IF UNDER 24 HRS. Hours Mins. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman		10b. KIND OF BUSINESS OR INDUSTRY Telephone		11. BIRTHPLACE (State or foreign country) Sweet Springs, Mo.		12. CITIZEN OF WHAT COUNTRY? USA		
13a. FATHER'S NAME Fred Armentrout			13b. MOTHER'S MAIDEN NAME Virginia McDaniel		14. NAME OF HUSBAND OR WIFE Fern Armentrout			
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. 495-09-6880		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Fern Armentrout, Amsterdam Mo.				
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, asphyxia, 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) Coronary Occlusion				DUE TO (b) Coronary disease				
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) Intermittent Nephritis				
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					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 type="checkbox"/>		21f. HOW DID INJURY OCCUR?				
22. I hereby certify that I attended the deceased from April 20, 1955 to May 5, 1955 , that I last saw the deceased alive on May 5, 1955 , and that death occurred at 2:01 P.M. , from the cause and on the date stated above.								
23a. SIGNATURE (Degree or title) Chas. A. Lusk Jr. M.D.				23b. ADDRESS Butler, Missouri		23c. DATE SIGNED 5/6/55		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 5-7-55		24c. NAME OF CEMETERY OR CREMATORY Sharon Cemetery		24d. LOCATION (City, town, or county) (State) Drexel Missouri		
DATE REC'D BY LOCAL REG. 5-7-55		REGISTRAR'S SIGNATURE Rendell Kerney's		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Archer & Mangold, Amsterdam, Mo.				

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 17 1955

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.....

Licensed Embalmer No. 4972

P. O. Address La Cumbre, Kansas

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.