

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. **157** PRIMARY REG. DIST. NO. **5582** Registrar's No. **63**

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Carthage (JACKSON TWP)		c. CITY OR TOWN Purcell	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) 1 Mo.		e. STREET ADDRESS (If rural, give location) 1 1/2 Miles So-west Purcell, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION: Fair Acres			

3. NAME OF DECEASED (Type or Print)	a. (First) ARON	b. (Middle) ALEXANDER	c. (Last) ARMENT	4. DATE OF DEATH (Month) (Day) (Year) 3-7-1956
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 4-12-1870	9. AGE (In years last birthday) 85	If UNDER 1 YEAR: Month 10 Day 25	If UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining	11. BIRTHPLACE (City and State or Foreign Country) Sinclair Co., Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Andrew Arment	13b. MOTHER'S MAIDEN NAME Mary Ann (unknown)	14. NAME OF HUSBAND OR WIFE Alice Arment (Dec'd.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. Spence, Fair Acres, Carthage, Mo.	ADDRESS
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH Unknown
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Cachexia			

19a. DATE OF OPERATION --	19b. MAJOR FINDINGS OF OPERATION 002X	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **2-9-**, 19**56**, to **2-21**, 19**56**, that I last saw the deceased alive on **2-21**, 19**56**, and that death occurred at **8:45a** m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Richard R. Coble, M.D.	23b. ADDRESS 116 W. Third, Carthage, Mo.	23c. DATE SIGNED 3-9-56
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 3-9-1956	24c. NAME OF CEMETERY OR CREMATORY Black Jack Cemetery	24d. LOCATION (City, town, or county) (State) 3 Mi. West Nashville, Mo.
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DATE REC'D BY LOCAL REG. 3-8-56	REGISTRAR'S SIGNATURE Edw. Clinton	25. FUNERAL DIRECTOR'S SIGNATURE Carl Jot...	ADDRESS Carl Jot., Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

490
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390

Jasper County Health Officer
County File Number 56-3-246
Date Filed MAR 19 1956

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 Harvey E. Oliver

Licensed Embalmer No. 444

P. O. Address W. H. City

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.