

FILED MAR 12 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **3666**

BIRTH NO. _____ REG. DIST. NO. 27 PRIMARY REG. DIST. NO. 3006 Registrar's No. 30

1. PLACE OF DEATH a. COUNTY <u>Bates</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Butler</u>		c. CITY OR TOWN <u>Amsterdam</u>	
c. LENGTH OF STAY (in this place) <u>1 month</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Fern</u> b. (Middle) <u>Shockey</u> c. (Last) <u>Armentrout</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3-5-57</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>12-29-1899</u>		9. AGE (In years last birthday) <u>57</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Telephone</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Colony, Kansas</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Edward E. Shockey</u>		13b. MOTHER'S MAIDEN NAME <u>Della Myers</u>		14. NAME OF HUSBAND OR WIFE <u>John Armentrout (deceased)</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> </u>		17. INFORMANT'S SIGNATURE OR NAME <u>Jack Armentrout, Amsterdam, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardiac failure (left)</u> ANTECEDENT CAUSES <u>Mitral Stenosis -</u> <u>Multiple Embolism -</u> DUE TO (b) <u> </u> DUE TO (c) <u>Intermittent Nephritis -</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u> </u>
19a. DATE OF OPERATION <u> </u>		19b. MAJOR FINDINGS OF OPERATION <u> </u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u> </u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u> </u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u> </u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. <u> </u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u> </u>	

22. I hereby certify that I attended the deceased from 6-28-49, 19 , to 3-5-, 1957, that I last saw the deceased alive on 3-4-, 1957, and that death occurred at 3:10 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>Jessie A. Lusk</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Butler, Missouri</u>		23c. DATE SIGNED <u>3-6-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>3-8-57</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Sharon Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Drexel, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Mar. 9-1957</u>		REGISTRAR'S SIGNATURE <u>Ronald Korman</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Archer & Mangold, Amsterdam, Mo.</u>		ADDRESS <u> </u>	
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(Licensed Embalmer's Statement on Reverse Side)

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

17,

APR 8 1957

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.....
Robert L. Mangold

Licensed Embalmer No.....4972

P. O. Address.....LaCygne, Ka

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.