FILED APR 15 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7626
STATE FILE NUMBER

Registration District No. 42 Primary Registration District No. 1000 Registrar's No. 372

1. PLACE OF DEATH
a. COUNTY Buchanan 0117
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St Joseph 0 Inside Limits Yes ✓ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Mo. Meth. Hospital Length of stay in 1b 9 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Holt
c. CITY OR TOWN MOUND City 0449 Inside Limits Yes ✓ No ☐
d. STREET ADDRESS (If outside, give location) Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First SARAH Middle ELLEN Last ARMENTROUT
SARAH Ellen Armentrout
DATE OF DEATH Month 4 Day 6 Year 57

5. SEX Female
6. COLOR OR RACE White
7. MARRIED ☐ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐
8. DATE OF BIRTH Nov 5, 1883
9. AGE (In years last birthday) 73
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) Housewife
10b. KIND OF BUSINESS OR INDUSTRY IN THE Home
11. BIRTHPLACE (City and state or country) Mound City, Mo
12. CITIZEN OF WHAT COUNTRY? U.S.A.

13. FATHER'S NAME FREDERICK NICHOLS
14. MOTHER'S MAIDEN NAME ELIZABETH ANDES

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. 498-42-4864
17. INFORMANT OPAL ARMENTROUT Address Mound City Mo

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Embolism — INTERVAL BETWEEN ONSET AND DEATH 10 min.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Following surgery (9 days)
DUE TO (c) Intestinal obstruction
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 5705
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)
20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
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 3-27-57 to 4-6-57 and last saw her alive on 4-5-57
Death occurred at 10:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Paul Jungman (Degree or title) MD
22b. ADDRESS St Joseph Mo
22c. DATE SIGNED 4-6-57

23a. BURIAL, CREMATION, REMOVAL Burial
23b. DATE 4/8/57
23c. NAME OF CEMETERY OR CREMATORY Mt. Hope Cemetery
23d. LOCATION (City, town, or county) (State) Mound City Mo.

24. FUNERAL DIRECTOR James A. Crawford ADDRESS Mound City Mo.
25. DATE RECD. BY LOCAL REG. April 8, 1957
26. REGISTRAR'S SIGNATURE Esther M. Allison

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in Item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

APR 24 1957

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was em

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed James H. Bancroft

Licensed Embalmer No. 47

P. O. Address Mound Ce

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.