

Health,
Welfare,
& Public
Service

300
1-573

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

HEALTH DEPARTMENT OF MISSOURI STANDARD CERTIFICATE OF DEATH				'57 0 17 5 0 5 STATE FILE NUMBER			
FILED JUN 3 1957				Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 41			
1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON		c. CITY OR TOWN RURAL-WASHINGTON		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN RURAL-WASHINGTON		c. CITY OR TOWN HICKMAN MILLS		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS 10610 RICHMOND	
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION: A&P SUPERMARKET		Length of stay in lb 35 YEARS		d. STREET ADDRESS (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) CATHERINE MAE ARMON				4. DATE OF DEATH Month Day Year MAY 20 1957			
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH OCT 2 1925	
9. AGE (In years last birthday) 31		IF UNDER 1 YEAR Months Days Hours Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BOOKKEEPER		10b. KIND OF BUSINESS OR INDUSTRY KNAUSTRUCK LINES	
11. BIRTHPLACE (City and state or country) KANSAS CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOHN FITZGIBBONS		13b. MOTHER'S MAIDEN NAME KATE PAGE	
14. NAME OF HUSBAND OR WIFE JOHN H. ARMON		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. 488-22-1903		17. INFORMANT JOHN H. ARMON	
Address 10610 RICHMOND HICKMAN MILLS MO.		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 Congestion & Edema Circulatory Failure		INTERVAL BETWEEN ONSET AND DEATH 9340		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 22		20a. ACCIDENT SUICIDE HOMICIDE <input checked="" type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) Injured in Tornado			
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. 5 30 57		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home		20f. CITY, TOWN, OR LOCATION COUNTY STATE Hickman Mills Jackson MO	
21. I attended the deceased from _____ to _____ and last saw her alive on _____ Death occurred at _____ P. m. on the date stated above; and to the best of my knowledge, from the causes stated.				22. SIGNATURE (Degree or title) Hugh A. Newcomer		22b. ADDRESS 1034 Parkside Bldg	
22c. DATE SIGNED 5-21-57		23a. BURIAL, CREATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 23 1957		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL CEMETERY	
23d. LOCATION (City, town, or county) KANSAS CITY MISSOURI		24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS		ADDRESS 1331 BROOK CREEK KANSAS CITY MO.		25. DATE RECD. BY LOCAL REG. 5/22/57	
26. REGISTRAR'S SIGNATURE Sterling E. Goddard				(Licensed Embalmer's Statement on Reverse Side)			

MEDICAL CERTIFICATION

JUN 8 1957

VS MAY 12 1960

VS MAY 12 1960

MAY 28 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 *Melvin Darteau*

Licensed Embalmer No. *4903*

P. O. Address *KC 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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