

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-008514
STATE FILE NUMBER

FILED FEB 19 1958

Registration District No. 340 Primary Registration District No. 3075 Registrar's No. 21

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| 1. PLACE OF DEATH a. COUNTY <u>Stoddard</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Dexter</u> | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN <u>Dexter</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u> | | Length of stay in 1b | d. STREET ADDRESS (If outside, give location) <u>425 No. Elm</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |

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| 3. NAME OF DECEASED (Type or print) First <u>Della</u> Middle <u>De</u> Last <u>Arman</u> | | | 4. DATE OF DEATH Month <u>Feb.</u> Day <u>3,</u> Year <u>1958</u> | | |
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| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>Jan. 20, 1873</u> | 9. AGE (In years last birthday) <u>85</u> | IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> | IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired house-keeper</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) <u>Petersburg, Ind.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u> |
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| 13a. FATHER'S NAME <u>John Masters</u> | | 13b. MOTHER'S MAIDEN NAME <u>Lou Smith</u> | | 14. NAME OF HUSBAND OR WIFE <u>John W. DeArman (Dec'd)</u> | |
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| 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>none</u> | 17. INFORMANT <u>John DeArman, Dexter, Missouri</u> Address | | |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Congestive Heart Failure 2 days</u> DUE TO (b) <u>Malnutrition, no food in 4 hrs.</u> DUE TO (c) _____ Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |

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| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>2865</u> | | |
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| 20c. TIME OF INJURY Hour _____ a.m. _____ p.m. | | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | 20f. CITY, TOWN, OR LOCATION COUNTY _____ STATE _____ | |
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| 21. I attended the deceased from <u>April 1st 1958</u> to <u>Feb 2nd 58</u> and last saw her alive on <u>Feb 2nd 1958</u> . Death occurred at <u>1:30 P. M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
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| 22a. SIGNATURE (Degree or title) <u>J. S. Davis M.D.</u> | | | 22b. ADDRESS <u>Dexter Mo.</u> | | 22c. DATE SIGNED <u>2-4-58</u> |
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| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 23b. DATE <u>2-5-58</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Hagy</u> | | 23d. LOCATION (City, town, or county) (State) <u>Near Dexter, Missouri</u> | |
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| 24. FUNERAL DIRECTOR <u>Strickland-Rainey, Dexter, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>2-10-58</u> | 26. REGISTRAR'S SIGNATURE <u>Delma V. Jenkins</u> | | |
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only causes related. All diseases in Part I must be causally related.

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 *Lucille Rainey*

Licensed Embalmer No. *4983*
P. O. Address *Deerfield, 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.