

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-026026

STATE FILE NUMBER

FILED JUL 24 1958 Registration District No. 157 Primary Registration District No. 4248 Registrar's No. 134

1. PLACE OF DEATH a. COUNTY <i>Gasper</i>		2. USUAL RESIDENCE (Where deceased lived. If in institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Gasper</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) Inside Limits OR TOWN <i>Sarasota</i> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Sarasota</i> 490 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION <i>Home</i> Length of stay in lb <i>11 yrs</i>		d. STREET ADDRESS (If outside, give location) <i>Mo</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) <i>Armedina E. Deonier</i> First Middle Last			4. DATE OF DEATH <i>7-12-1958</i> Month Day Year		
5. SEX <i>fe</i>	6. COLOR OR RACE <i>wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>10-30-87</i>	9. AGE (In years last birthday) <i>70</i>	IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <i>Lennessee</i>	12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	
13. FATHER'S NAME <i>Alonso Samples</i>			14. MOTHER'S MAIDEN NAME <i>Sarah Blankenship</i>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>none</i>	17. INFORMANT <i>Wesley Webb Sarasota Mo</i> Address		

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Hypostatic pneumonia</i>		INTERVAL BETWEEN ONSET AND DEATH <i>4 days</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <i>Metastatic Carcinoma of lung</i>		<i>1 year</i>
DUE TO (c) <i>165X</i>		
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"/>

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.)	
20c. TIME OF INJURY a. m. p. m.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	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 *7 July 58* to *12 July 58* and last saw her *live* on *12 July 58*  
Death occurred at *12:30 P* m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) *Leroy Simmons M.D.* 22b. ADDRESS *1201 Center St Sarasota Mo* 22c. DATE SIGNED *7-15-58*

23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>7-15-58</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Sarasota Cem</i>	23d. LOCATION (City, town, or county) (State) <i>Sarasota Mo</i>
24. FUNERAL DIRECTOR ADDRESS <i>Jackson &amp; Sons Sarasota Mo</i>		25. DATE RECD. BY LOCAL REG. <i>7-15-58</i>	26. REGISTRAR'S SIGNATURE <i>Elly Clinton</i>

(Licensed Embalmer's Statement on Reverse Side)

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. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Health, Welfare Public Service  
490  
300  
1-56

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. *me* working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....  
*W. H. Jackson*

Licensed Embalmer No. *39*

P. O. Address *Saugus*

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.