MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

63-014792
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 0030
2 8150
3
4 0
5 0
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7 1
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9 4200
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12 1-0
13 1-0

USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

Registration District No. 4 Primary Registration District No. _____ Registrar's No. 43

FILED MAY 14 1963

1. PLACE OF DEATH
a. COUNTY: Atchison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Fairfax — Length of stay in 1b: 15 Min.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Community Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas b. COUNTY: Leavenworth
c. CITY OR TOWN: Wadsworth Veterans Hosp — Inside Limits: Yes ☐ No ☐
d. STREET ADDRESS (If outside, give location): Wadsworth, Kansas — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First GEORGE Middle DUWARD Last ARMAGOST
4. DATE OF DEATH: Month May Day 7 Year 1963
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 2/28/1916
9. AGE (last birthday): 47 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HR: Hours, Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer
10b. KIND OF BUSINESS OR INDUSTRY: Greenhouse
11. BIRTHPLACE (City and state or country): Emmettsville, Iowa
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: George Armagost
13b. MOTHER'S MAIDEN NAME: Bertha Cornell
14. NAME OF HUSBAND OR WIFE: Never married
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): Yes (If yes, give war or dates of servi): WW 2
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Eunice Collins Address: Fairfax, 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 Edema — INTERVAL BETWEEN ONSET AND DEATH: one hour
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Cardiac Decompensation — one hour
DUE TO (c) Arteriosclerotic Heart disease — 10 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
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 May 7, 63 to May 7, 63 and last saw him/her alive on May 7, 63
Death occurred at 3:15 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Wallace Carpenter (Degree or title) M D
22b. ADDRESS: Rock Port Mo
22c. DATE SIGNED: 5-7-63

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 5/10/1963
23c. NAME OF CEMETERY OR CREMATORY: Kansas City
23d. LOCATION (City, town, or county) (State): Kansas City, Mo.

24. FUNERAL DIRECTOR: Schooler Funeral Home ADDRESS: Fairfax, Mo.
25. DATE RECD. BY LOCAL REG.: May 9, 1963
26. REGISTRAR'S SIGNATURE: Marvin H. Scheuler

(Licensed Embalmer's Statement on Reverse Side)

JUN 14 1963

MAY 17 1963

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 Marvin N. Schaeler

Licensed Embalmer No. 416v

P. O. Address Fairfax Missouri

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.