

FILED JAN 22 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHWellington  
State File No. 139

BIRTH NO.		REG. DIST. NO. 38		PRIMARY REG. DIST. NO. 3006		Registrar's No. 17	
1. PLACE OF DEATH a. COUNTY Boone				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Boone			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Columbia			
d. FULL NAME OF HOSPITAL OR INSTITUTION 610 N. 6th St.				d. STREET ADDRESS (If rural, give location) 610 N. 6th St.			
3. NAME OF DECEASED (Type or Print) JESSE		a. (First) EVERETT		c. (Last) ARMSTRONG		4. DATE OF DEATH (Month) (Day) (Year) Jan. 12, 1949	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Married		8. DATE OF BIRTH May 8, 1872	
9. AGE (In years last birthday) 76		10. UNDER 1 YEAR Months Days		11. BIRTHPLACE (State or foreign country) Boone County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter				10b. KIND OF BUSINESS OR INDUSTRY			
13a. FATHER'S NAME Jesse Turner Armstrong				13b. MOTHER'S MAIDEN NAME Amanda Marsh		14. NAME OF HUSBAND OR WIFE Cora Acton Armstrong	
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. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Jesse E. Armstrong, Columbia, Mo.	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Thrombosis of Brain</i> ANTECEDENT CAUSES (b) <i>Hypertension</i> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) <i>Bright's Disease</i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Diabetes</i>			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>							
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>X</i>				21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>X</i>				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>D</i>	
22. I hereby certify that I attended the deceased from <i>1-4-1949</i> , to <i>1-8-1949</i> , that I last saw the deceased alive on <i>1-2-1949</i> , and that death occurred at <i>12</i> m., from the causes and on the date stated above.							
23a. SIGNATURE <i>F. B. Williamson</i> (Degree or title)				23b. ADDRESS <i>22-11-8 St. Columbia</i>		23c. DATE SIGNED <i>1-14-49</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-14-1949		24c. NAME OF CEMETERY OR CREMATORY Fairview Cemetery		24d. LOCATION (City, town, or county) (State) Columbia, Mo.	
DATE REC'D BY LOCAL REG. Jan 15 1949		REGISTRAR'S SIGNATURE Mrs R.E. Palmer		25. FUNERAL DIRECTOR'S SIGNATURE <i>Parsons Funeral Service</i>		ADDRESS Columbia, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED  
District Health Officer No. 9,  
District File Number  
Date Filed JAN 21 1949

JAN 25 1949

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.

Signed \_\_\_\_\_  
Student Embalmer

Signed *M. J. McQuinn*

Licensed Embalmer No. *3893*

P. O. Address *Calumet*

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