

FILED NOV 2 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34286**
 BIRTH NO. _____ REG. DIST. NO. 175 PRIMARY REG. DIST. NO. 5645 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Iowa</u> b. COUNTY <u>BENTON</u>	
b. CITY OR TOWN <u>Aurora</u>		c. CITY OR TOWN <u>Aurora</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location): <u>1/2 miles west of Aurora</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1/2 miles west of Aurora</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Charles</u> c. (Last) <u>Armstrong</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 17-1949</u>		
5. SEX <u>MO</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JUNE 4-1862</u>	9. AGE (In years last birthday) <u>87</u>	10. CITIZENSHIP (If under 1 year, specify months and days) <u>U.S.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Thomas Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Faucett</u>	
14. NAME OF HUSBAND OR WIFE <u>Ottilla Armstrong</u>		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'S SIGNATURE OR NAME <u>ELSIE ALLEN</u>		18. ADDRESS <u>Aurora R-2</u>			

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) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>14 days</u> <u>Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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) (Min)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?		

22. I hereby certify that I attended the deceased from Jan, 1946, to Oct-17, 1949, that I last saw the deceased alive on Oct 14, 1949, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>A. P. Quinn</u>		23b. ADDRESS <u>Quinn, Mo.</u>		23c. DATE SIGNED <u>10-18-49</u>	
24a. BURIAL CREMATION REMOVAL (Specify)		24b. DATE <u>10/20/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>RATZKE</u>	
24d. LOCATION (City, town, or county) (State) <u>Atkins Iowa</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Oran Mc Natt</u>		25. ADDRESS <u>Atkins, Mo</u>	

DATE REC'D BY LOCAL REG. Oct 20-49

REGISTRAR'S SIGNATURE Oran Mc Natt 157

25. FUNERAL DIRECTOR'S SIGNATURE Oran Mc Natt ADDRESS Atkins, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

5500

RECEIVED OCT 27 1949

District Health Office No. 6,

District File Number 1049-1158

Date Filed 10-31-49

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 *Orville S. Mank*

Signed _____
Student Embalmer

Licensed Embalmer No. 5812

P. O. Address Janice No

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.