

FILED DEC 7 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

38342

BIRTH NO.		REG. DIST. NO. <u>294</u>		PRIMARY REG. DIST. NO. <u>3056</u>		Registrar's No. <u>255</u>	
1. PLACE OF DEATH a. COUNTY <u>Randolph</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Moberly</u>		c. LENGTH OF STAY (in this place) <u>13 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Fayette</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCormick Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>----</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Florence</u>		b. (Middle) <u>Bagwill</u>		c. (Last) <u>Armstrong</u>	
4. DATE OF DEATH		5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 19, 1850</u>		9. AGE (In years, Month, Day) <u>99</u>		10. USUAL OCCUPATION (Give kind of work done during last year, or if retired)		11. BIRTHPLACE (State or foreign country)	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>John Bagwill</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>James H. Armstrong</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Rube R. Armstrong</u> ADDRESS <u>5610 Enright Ave St. Louis Mo</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 INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> <u>2 weeks</u>			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Hypostatic Pneumonia</u>				DUE TO (b) <u>Broken Hip</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				19. DATE OF OPERATION			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>213 Library St.</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Huntsville Randolph Mo.</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>11 - 12 - 49</u> m.	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Fall</u>		22. I hereby certify that I attended the deceased from <u>11-12</u> , 19 <u>49</u> , to <u>11-25</u> , 19 <u>49</u> , that I last saw the deceased alive on <u>11-25</u> , 19 <u>49</u> , and that death occurred at <u>10:42 A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Dr. H. McCormick D.O.</u>		23b. ADDRESS <u>2 300 1/2 Reed St. Moberly, Mo.</u>		23c. DATE SIGNED <u>11-25-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/27/49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Fayette, Mo</u>	
DATE REC'D BY LOCAL REG. <u>11-27-49</u>		REGISTRAR'S SIGNATURE <u>Leah Virginia Louie</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ralph A Carr</u>		ADDRESS <u>Fayette, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED DEC 5 1949
District Health Officer No. 10
District File Number 12-49-22
Date Filed DEC 5 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 _____

working under my personal supervision.

Signed.....
Student Embalmer

Signed

Student Embalmer No.....

Licensed Embalmer No. 3340

P. O. Address Fayette 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 this body is not embalmed, fact should be so stated above.