

FILED JAN 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 767

BIRTH NO. _____ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 51

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Dallas</u>	
b. CITY OR TOWN <u>Springfield</u> (If outside corporate limits, write RURAL and give township)		c. CITY OR TOWN <u>Lansburg</u> (If outside corporate limits, write RURAL and give township)	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Burge Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Wlysess Alcorn Armond</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 18 1950</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec-22-1864</u>
9. AGE (In years) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during present working life, or if retired) <u>Housewife</u>	11. BIRTHPLACE (State or foreign country) <u>Dallas Co Mo</u>
12. CITIZEN OF WHAT COUNTRY?		13. KIND OF BUSINESS OR INDUSTRY <u>Home</u>	

13a. FATHER'S NAME <u>Unknown</u>	13b. MOTHER'S MAIDEN NAME <u>Unknown</u>	14. NAME OF HUSBAND OR WIFE <u>John Armond</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)	16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>	17. INFORMANT'S SIGNATURE OR NAME <u>Glenn E. Johnson</u> ADDRESS _____

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>14 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		19. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension, essential</u> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fracture neck right femur</u>		20. DATE OF OPERATION _____	

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lansburg Greene Mo</u>
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1-4-50</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>Unknown</u>		

22. I hereby certify that I attended the deceased from 1-21, 1950, to 1-18, 1950; that I last saw the deceased alive on 1-17, 1950, and that death occurred at 6:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Glenn E. Johnson, M.D.</u>	23b. ADDRESS <u>805 Woodmont Hdg.</u>	23c. DATE SIGNED <u>1-18-50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>U</u>	24b. DATE <u>Jan-19-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lansburg</u>
24d. LOCATION (City, town, or county) (State) <u>Lansburg Mo</u>		

DATE REC'D BY LOCAL REG. <u>1-19-50</u>	REGISTRAR'S SIGNATURE <u>W.S. Handley, M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>L. J. Jones</u> ADDRESS <u>Buffalo Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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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 *Leonard B. Jones*

Signed.....
Student Embalmer

Licensed Embalmer No. *2508*

P. O. Address *Buffalo, N.Y.*

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.