

FILED MAR 8 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3834

BIRTH NO. _____		REG. DIST. NO. 32		PRIMARY REG. DIST. NO. 5112		Registrar's No. 19	
1. PLACE OF DEATH a. COUNTY <b>Ballinger</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Iowa</b> b. COUNTY <b>Fairfield</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural Inrance</b>				c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Rural 8140</b>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>				d. STREET ADDRESS (If rural, give location) <b>Fairfield Iowa 8</b>			
3. NAME OF DECEASED (Type or Print) <b>Wyman</b>		a. (First) <b>Otis</b>		b. (Middle) <b>Armstrong</b>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 19 1950</b>		5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	
8. DATE OF BIRTH <b>Oct. 1/ 1867</b>		9. AGE (In years last birthday) <b>83</b>		10. UNDER 1 YEAR Months   Days <b>Oct 1</b>		11. UNDER 1 MRS. Hours   Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (State or foreign country) <b>New York</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>	
13a. FATHER'S NAME <b>NOT KNOWN</b>		13b. MOTHER'S MAIDEN NAME <b>NOT KNOWN</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Armstrong</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Ernest E. Armstrong</b>			
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) <b>Myocardial failure</b>  ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b)  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  <b>7824</b>	
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 <b>11/2</b> , 19 <b>49</b> , to <b>2/16</b> , 19 <b>50</b> , that I last saw the deceased alive on <b>2/16/50</b> , 19 <b>50</b> , and that death occurred at <b>1:00</b> p.m., from the causes and on the date stated above.							
23a. SIGNATURE <b>John J. Myers</b>		23b. ADDRESS <b>Fairfield Mo</b>		23c. DATE SIGNED <b>2/19/50</b>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <b>2/24/1950</b>		24c. NAME OF CEMETERY OR CREMATORY <b>HAMPTON</b>		24d. LOCATION (City, town, or county) (State) <b>Iowa</b>	
DATE REC'D BY LOCAL REG. <b>Feb. 28-50</b>		REGISTRAR'S SIGNATURE <b>Willie Sandburg</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Alvin E. Sanders</b>		ADDRESS <b>Fairfield Mo</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

MAR 7 1950

DISTRICT HEALTH OFFICE No. 4

File No. 350-331

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

Signed

*G. O. Lind*

Licensed Embalmer No. 4538

P. O. Address Jackson, 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.