

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7610**

FILED MAR 31 1950

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

BIRTH NO. _____		REG. DIST. NO. <u>39</u>		PRIMARY REG. DIST. NO. <u>3006</u>		Registrar's No. <u>91</u>		
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 town) COLUMBIA MO		c. LENGTH OF STAY (In this place) LIFE		c. CITY (If outside corporate limits, write RURAL and give township) COLUMBIA MO		3104		
d. FULL NAME OF HOSPITAL OR INSTITUTION 613 Range Line				d. STREET ADDRESS (If rural, give location) L# 613 Range Line				
3. NAME OF DECEASED (Type or Print) a. (First) SUSIE			b. (Middle) ALICE		c. (Last) ARMSTRONG		4. DATE OF DEATH (Month) (Day) (Year) MAR 19 1950	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widow		8. DATE OF BIRTH Dec 8 1868	9. AGE (In years last birthday) 81		# UNDER 1 YEAR (Months) (Days) 3 11	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (State or foreign country) Boone Co Mo		12. CITIZEN OF WHAT COUNTRY USA		
13a. FATHER'S NAME Thomas Smith			13b. MOTHER'S MAIDEN NAME Sarah George		14. NAME OF HUSBAND OR WIFE James W Armstrong			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Luther E. Armstrong Columbia				
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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis				Has Paralyzed for				2 years
ANTECEDENT CAUSES (b) Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) _____				11 months
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) _____				_____				334X
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) No		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) _____		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 Mar 27, 1949 to Oct 24, 1949 that I last saw the deceased alive on Oct 24, 1949 and that death occurred at 10:40 A.M. , from the causes and on the date stated above.								
23a. SIGNATURE F B Williams (Degree of title) _____				23b. ADDRESS 304 Wilson Ave.		23c. DATE SIGNED 3-26-50		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar 20 1950		24c. NAME OF CEMETERY OR CREMATORY Fairview		24d. LOCATION (City, town, or county) (State) Boone Co Mo		
DATE REC'D BY LOCAL REG. Mar. 20 1950		REGISTRAR'S SIGNATURE Mrs. R E Palmer		31		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS F O Wilcott Columbia		

MAR 31 1950

District File Number _____
District Health Officer No. 9,
RECEIVED MAR 28 1950

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.

Student Embalmer No.

Signed _____

Lyman H. Sprinkle

Signed.....
Student Embalmer

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.