

FILED AUG 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29189

BIRTH NO. 162358-50 REG. DIST. NO. 354 PRIMARY REG. DIST. NO. 6200 Registrar's No. 38

1. PLACE OF DEATH a. COUNTY <u>Texas</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Texas</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Morris Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Morris Twp</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>Two miles east of Bards</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Two miles east of Bards</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>LINDA</u>		b. (Middle) <u>SUE</u>		c. (Last) <u>ARMSTRONG</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 12 1950</u>			
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>		8. DATE OF BIRTH <u>July 15 1950</u>		9. AGE (In years last birthday) IF UNDER 1 YEAR Months Days Hours IF UNDER 24 HRS. Min. <u>2 8</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Morris Twp Texas Co Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>	

13a. FATHER'S NAME <u>Perry B. Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Mina May Roland Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>	
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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>Perry B. Armstrong Cabool Mo.</u>		ADDRESS <u>R2</u>	
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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>Bronchial-pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid 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.				<u>4630</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from 8-12-1950, 1950, to 8-12-1950, that I last saw the deceased alive on 8-12-1950, and that death occurred at 4:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u>		(Degree or title) <u>U</u>		23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>8-12-50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug 12</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>		24d. LOCATION (City, town, or county) (State) <u>Houston Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>8-12-50</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>None</u>		ADDRESS	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1070

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED, AUG 21 1950

Dist. File 850 - 1004

Date Filed 8 - 22 - 50

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.....

Licensed Embalmer No.

P. O. Address.....

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.