

FILED MAR 19 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 11335

BIRTH NO. _____		REG. DIST. NO. 360		PRIMARY REG. DIST. NO. 6225		Registrar's No. 23	
1. PLACE OF DEATH a. COUNTY <u>Yernon</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Washington Sup.</u>		c. LENGTH OF STAY (In this place) <u>2-8-6.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Chilhowee 0510</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Anna</u>		b. (Middle) <u>B.</u>		c. (Last) <u>Armstrong</u>	
4. DATE OF DEATH		(Month) <u>3</u>		(Day) <u>1</u>		(Year) <u>51</u>	
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>3-19-1860</u>	
9. AGE (In years last birthday) <u>90</u>		# UNDER 1 YEAR <u>11</u>		# UNDER 1 YEAR <u>12</u>		# UNDER 1 MIN. <u></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 <u></u>		11. BIRTHPLACE (State or foreign country) <u>Indiana 1</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Thomas F. Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Catherine C. Fraser</u>		14. NAME OF HUSBAND OR WIFE <u>Widowed</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) <u>Unknown</u>		16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Luella Armstrong Chilhowee Mo</u> ADDRESS <u></u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Senile Deterioration</u>				5 yrs -	
		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.				304 X	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>✓</u>		21c. (CITY, TOWN, OR TOWNSHIP) <u>✓</u>		(COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>None</u>			
22. I hereby certify that I attended the deceased from <u>6-25-1948</u> , to <u>3-1-1951</u> , that I last saw the deceased alive on <u>3-1-1951</u> , and that death occurred at <u>105 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>J.P. Bunch M.D.</u> (Degree or title)				23b. ADDRESS <u>State Hospital #3</u>		23c. DATE SIGNED <u>3-1-51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>None</u>		24b. DATE <u>3-1-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Chilhowee</u>		24d. LOCATION (City, town, or county) (State) <u>Chilhowee Mo.</u>	
DATE REC'D BY LOCAL REG. <u>3-7-1951</u>		REGISTRAR'S SIGNATURE <u>Anna E. Fevry</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Cook Funeral Home</u> ADDRESS <u>Chilhowee, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

1080
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DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED MAR 12 1951

Dist. File 351-535

Date Filed 3-12-51

MAR 22 1951

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

Mark Eickinger

Signed.....
Student Embalmer

Licensed Embalmer No. 2656

P. O. Address Nevada 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.