

FILED MAY 4 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13116

State File No. \_\_\_\_\_

50

542

BIRTH NO. 124 REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3035 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>Lafayette</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Lexington</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Corder</u> <u>0540</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Lexington Memorial Hospital</u>		d. STREET ADDRESS (If rural, give location) <u>Main Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>EDWARD</u> b. (Middle) <u>L.</u> c. (Last) <u>ARMBRUSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 26, 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October 20, 1869</u>
9. AGE (In years last birthday) <u>81</u>	10. MONTHS <u>5</u>	11. DAYS <u>27</u>	12. HOURS <u>0</u> MIN. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Blacksmith</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OWN SHOP</u>	
11. BIRTHPLACE (State or foreign country) <u>De Sota, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Leonhardt Armbruster</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Leuke</u>	
14. NAME OF HUSBAND OR WIFE <u>Sylvia Jeffers</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>L. Armbruster, San Francisco, California</u>	
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>Pulmonary Infarction</u> INTERVAL BETWEEN ONSET AND DEATH <u>2 hours</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cause unknown</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		<u>465X</u>	
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. HOW DID INJURY OCCUR?	
21e. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>April 23, 1951</u> , to <u>April 26, 1951</u> , that I last saw the deceased alive on <u>April 25, 1951</u> , and that death occurred at <u>2:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>E. E. Bunneman M.D.</u> (Degree or title)		23b. ADDRESS <u>Higginville Mo</u>	
23c. DATE SIGNED <u>4/27/51</u>		23d. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>April 29, 1951</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Corder</u>		24d. LOCATION (City, town, or county) <u>Corder, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>April 30, 1951</u>		REGISTRAR'S SIGNATURE <u>Missouri Evaluation</u>	
FUNERAL DIRECTOR'S SIGNATURE <u>Joseph F. Thompson</u>		ADDRESS <u>Lexington, Missouri</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 5-3-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 5-3-51

DEC 6 1955

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 \_\_\_\_\_

Norman W. Thorson

Student Embalmer No. 427

working under my personal supervision.

Signed Norman W. Thorson  
Student Embalmer

Signed

Licensed Embalmer No.

2983

P. O. Address

Lexington, Mass

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.