

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27764

State File No.

BIRTH NO. _____ REG. DIST. NO. 272 PRIMARY REG. DIST. NO. 4403 Registrar's No. 47

1. PLACE OF DEATH a. COUNTY <u>Commiss</u> <u>0980</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Commiss</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Steele</u> <u>0180</u>	
c. LENGTH OF STAY (in this place) <u>22 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Gen Del</u> <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Phillip</u> b. (Middle) <u>Armstrong</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>8-28-51</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCE (Specify) <u>married</u>	8. DATE OF BIRTH <u>8-3-1890</u>	9. AGE (In years last birthday) <u>61</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>McHenry Co. Ill.</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	

13a. FATHER'S NAME <u>David P. Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Lina Bell Ferris</u>		14. NAME OF HUSBAND OR WIFE <u>Decie Armstrong</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes</u> <u>war I</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Sam Elber</u> ADDRESS <u>Steele Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 da.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Gen. Arteriosclerosis with Hypertension</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 type="checkbox"/> NO <input checked="" 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) <u>331X</u>
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 JUNE 1949 to 21 Aug, 1951, that I last saw the deceased alive on 27 Aug., 1951, and that death occurred at 5:30 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Edward L. Taylor, M.D.</u>		23b. ADDRESS <u>Steele, Mo.</u>		23c. DATE SIGNED <u>28 Aug 51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Buried</u>	24b. DATE <u>8-30-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Zion</u>	24d. LOCATION (City, town, or county) (State) <u>Steele, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>9-5-51</u>	REGISTRAR'S SIGNATURE <u>S. J. Olden</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Berman and Co</u> ADDRESS <u>Steele Mo</u>			

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

9-51-211

Rec. SEP 6 1951

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

SEP 17 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.

Signed.....
Student Embalmer

Student Embalmer No.....

Signed *John W. German*

Licensed Embalmer No. *4350*

P. O. Address *Highway No*

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.