

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 17768

FILED JUN 2 1953

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

BIRTH NO. _____		REG. DIST. NO. <u>132</u>		PRIMARY REG. DIST. NO. <u>3021</u>		Registrar's No. <u>80</u>	
1. PLACE OF DEATH a. COUNTY <u>Grundy 0402</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Grundy 0402</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		c. LENGTH OF STAY (in this place) <u>71 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Trenton</u>		d. STREET ADDRESS (If rural, give location) <u>513 W. 13th St.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>513 W. 13th St.</u>				d. STREET ADDRESS (If rural, give location) <u>513 W. 13th St.</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>LUCINDA</u>		b. (Middle) <u>KATHRYN</u>		c. (Last) <u>ARMBRUSTER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May, 14, 1953</u>	
5. SEX <u>female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed 2</u>		8. DATE OF BIRTH <u>Dec. 16, 1869</u>	
9. AGE (In years last birthday) <u>83</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>28</u>		IF UNDER 24 HRS. Hour <u></u> Min. <u></u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Solomon Bass</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Blanchett</u>			14. NAME OF HUSBAND OR WIFE <u>Henry Armbruster</u>	
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 ADDRESS <u>Mrs. James A. Griffith, Trenton</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cardio-Vascular - Bad Disease 2 years</u> 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.					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4/2X</u>					20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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. 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 <u>Jan 1st, 1953</u> , to <u>May 14th, 1953</u> , that I last saw the deceased alive on <u>May 13th, 1953</u> , and that death occurred at <u>6:00p m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Oliver P. Duffly M.D.</u>				23b. ADDRESS <u>Trenton Mo</u>		23c. DATE SIGNED <u>May 16, 1953</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>May 17, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Honey Creek Chapel</u>		24d. LOCATION (City, town, or county) (State) <u>18 mi. NE Trenton, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>5-17-53</u>		REGISTRAR'S SIGNATURE <u>Jane Jan 1/3</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>James H. Slater</u>		ADDRESS <u>Trenton, Mo</u>	

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.....

Donald H. Slater

Signed.....
Student Embalmer

Licensed Embalmer No. 4467

P. O. Address Trenton, 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.