

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

39542

State File No. _____

No. 300
10.48

FILED NOV 23 1953

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|---|--|--|--|---|--|--|---|
| BIRTH NO. _____ | | REG. DIST. NO. <u>164</u> | | PRIMARY REG. DIST. NO. <u>3032</u> | | Registrar's No. <u>148</u> | |
| 1. PLACE OF DEATH | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) | | | |
| a. COUNTY <u>Johnson</u> | | a. STATE <u>Missouri</u> | | b. COUNTY <u>Lafayette</u> | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Warrensburg</u> | | c. LENGTH OF STAY (in this place) <u>Weeks</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Odessa</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Warrensburg Clinic</u> | | | | d. STREET ADDRESS (If rural, give location) <u>0540</u> <u>1</u> | | | |
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | | | |
| a. (First) <u>Ella</u> | | b. (Middle) <u>Florence</u> | | c. (Last) <u>Armstrong</u> | | <u>Nov. 8, 1953</u> | |
| 5. SEX <u>Fe</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u> | | 8. DATE OF BIRTH <u>June 13, 1867</u> | |
| 9. AGE (In years last birthday) <u>96</u> | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>At Home</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) / <u>West Virginia</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 13a. FATHER'S NAME <u>F. T. Gammon</u> | | 13b. MOTHER'S MAIDEN NAME <u>Elizabeth Slavens</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Neil Armstrong, Odessa, Mo.</u> | | | |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*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> | | MEDICAL CERTIFICATION | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral arteriosclerosis</u> | | | | | <u>1 yr approx</u> |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Fractured left hip</u> | | | | | <u>7 weeks</u> |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| | | <u>334 X F</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. 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? | | | |
| | | | | | | | |
| 22. I hereby certify that I attended the deceased from <u>9-22</u> , <u>1953</u> , to <u>11-8</u> , <u>1953</u> , that I last saw the deceased alive on <u>11-8</u> , <u>1953</u> , and that death occurred at <u>3 P m.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) <u>R. Lee Cooper M.D.</u> | | | 23b. ADDRESS <u>Warrensburg Mo</u> | | | 23c. DATE SIGNED <u>11-10-53</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Nov. 10, 1953</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Odessa Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Odessa, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>Nov. 10, 1953</u> | | REGISTRAR'S SIGNATURE <u>Savannah Crutcher</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Husman-Sparks Odessa, Mo.</u> | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 16 1954

JAN 20 1955

RECEIVED
NOV 16 1953
JOHNSON COUNTY HEALTH DEPT.

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 _____

John P. Rodgers

Student Embalmer No. 490

working under my personal supervision.

Student *John P. Rodgers*
Student Embalmer

Signed *J. Earl Orust*
Licensed Embalmer No. 3828

P. O. Address Warrensburg

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.