

FILED NOV 22 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 37233

BIRTH NO. _____		REG. DIST. NO. <u>143</u>		PRIMARY REG. DIST. NO. <u>4232</u>		Registrar's No. <u>33</u>	
1. PLACE OF DEATH a. COUNTY <u>Howell</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Howell</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs, Mo.</u>		c. LENGTH OF STAY (in this place) <u>7 yrs.</u>		-c. CITY OR TOWN <u>Willow Springs,</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				e. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) <u>VERTIE</u>		a. (First)		b. (Middle) <u>LILLIAN</u>		c. (Last) <u>ARMSTRONG</u>	
4. DATE OF DEATH		(Month) <u>Nov.</u>		(Day) <u>12,</u>		(Year) <u>1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 1, 1885</u>	
9. AGE (In years last birthday) <u>69</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>11</u>		IF UNDER 1 HR. Hours <u>11</u> Min. _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Bowling Green, Ky.</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>USA</u>			
13a. FATHER'S NAME <u>Sebern Kinnaird</u>		13b. MOTHER'S MAIDEN NAME <u>Cinderella Howell</u>		14. NAME OF HUSBAND OR WIFE <u>W. E. Armstrong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknowns) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W. E. Armstrong</u> ADDRESS <u>Willow Springs, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma bowel with multiple metastasis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) <u>myocarditis chronic</u> 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>9 mos ago</u> <u>2 yrs ago</u>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>153 X</u> YES <input type="checkbox"/> NO <input checked="" 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>Aug 1</u> , 19 <u>53</u> , to <u>11-12</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>11/12/54</u> , and that death occurred at <u>2:00A m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Paul A. Davis M.D.</u> (Degree or title) <u>0</u>				23b. ADDRESS <u>Willow Springs, Mo.</u>		23c. DATE SIGNED <u>11/13/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/14/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>City Cemetery</u>		24d. LOCATION (City, town, or county) <u>Willow Springs, Mo.</u> (State) _____	
DATE REC'D BY LOCAL REG. <u>Nov. 20, 1954</u>		REGISTRAR'S SIGNATURE <u>Michael Beard</u> <u>387-1</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Burns Willow Springs, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed

Fred W. Barnes

Licensed Embalmer No. *461*

P. O. Address *Willow Sp.*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.