

FILED FEB 9 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1824

State File No.

BIRTH NO.		REG. DIST. NO. <u>172</u>		PRIMARY REG. DIST. NO. <u>4272</u>		Registrar's No. <u>4</u> (1956)	
1. PLACE OF DEATH a. COUNTY <u>LAFA YETTE</u> b. CITY (If outside corporate limits, write RURAL and give township) <u>WAVERLY</u> c. LENGTH OF STAY (in this place) <u>ATETIME</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>HOME AT WAVERLY, MO.</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>LAFA YETTE</u> c. CITY OR TOWN <u>WAVERLY</u> d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> e. STREET ADDRESS (If rural, give location) <u>NONE</u>			
3. NAME OF DECEASED (Type or Print) <u>FANNIE</u>		a. (First) <u>(NONE)</u>		b. (Middle) <u>ARMSTEAD</u>		c. (Last)	
4. DATE OF DEATH (Month) (Day) (Year) <u>1 25 1956</u>		5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>COLORED</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>7-25-1888</u>		9. AGE (In years last birthday) <u>67</u>		10. IF UNDER 1 YEAR Months Days		11. IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSE WIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>WAVERLY, MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>BILLY MEDDOWS</u>		13b. MOTHER'S MAIDEN NAME <u>LULA TANNER</u>		14. NAME OF HUSBAND OR WIFE <u>EDWARD ARMSTEAD</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 <u>Edward Armstead</u>		ADDRESS <u>Waverly 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>cerebral hemorrhage</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>cardio vascular renal disease</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>4/25/56</u> <u>4/4/55</u> <u>1/25/56</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>442X</u>				20. AUTOPSY? 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) 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>Jan. 25</u> , 19 <u>56</u> , to <u>Jan. 25</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>Jan. 25</u> , 19 <u>56</u> , and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>George G. Kelling MD</u>		23b. ADDRESS <u>Waverly, Missouri</u>		23c. DATE SIGNED <u>1/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>1-29-56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>WAVERLY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MISSOURI</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 29-1956</u>		REGISTRAR'S SIGNATURE <u>Clayton H. Landrum</u> 154		25. FUNERAL DIRECTOR'S SIGNATURE <u>Bailey Funeral Home</u>		ADDRESS <u>Waverly</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

FEB 9 1936

JAN 2 1936

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 *Morris D. Bailey*

Licensed Embalmer No. *488*

P. O. Address *Waukegan*

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.