

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002422

FILED VS FEB 10 1961 267

3049

19

STATE FILE NUMBER

AMENDED

Registration District No.

Primary Registration District No.

Registrar's No.

## 1. PLACE OF DEATH

a. COUNTY

Pennsac

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN

Hayti

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo

b. COUNTY

Pennsac

Inside Limits

Yes ☒ No ☐c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION

Memorial Hospital

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS

(If outside, give location)

213 Burton

Reside on Farm

Yes ☐ No ☒3. NAME OF DECEASED  
(Type or print)

First

Middle

Last

Deeie Martha Armstrong

4. DATE OF DEATH

Month

Day

Year

2-1-61

## 5. SEX

F

## 6. COLOR OR RACE

White

7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-6-75

## 9. AGE (last birthday)

85

## IF UNDER 1 YEAR

Months

Days

## IF UNDER 24 HR

Hours

Min.

## 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Home Work

## 10b. KIND OF BUSINESS OR INDUSTRY

## 11. BIRTHPLACE (City and state or country)

Jenn

## 12. CITIZEN OF WHAT COUNTRY

U.S.A

## 13a. FATHER'S NAME

John Wilkins

## 13b. MOTHER'S MAIDEN NAME

cmk

## 14. NAME OF HUSBAND OR WIFE

Sam Ellis

Steele Mo

15. WAS DECEASED EVER IN U.S. ARMED FORCES?  
(Yes, no, or unknown) (If yes, give war or dates of service)

No

## 16. SOCIAL SECURITY NO.

## 17. INFORMANT

Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Cerebral Hemorrhage

## INTERVAL BETWEEN ONSET AND DEATH

6 hrs

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

Generalized Arterio sclerosis

## DUE TO (c)

Open reduction of Rt Subtrochanteric Fracture 4 days

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Sepsis due to previous Cerebral Thrombosis

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☒ No ☐ Unknown19. WAS AUTOPSY PERFORMED?  
YES ☐ NO ☒

## 20a. ACCIDENT

## SUICIDE

## HOMICIDE

## 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

Fall in bath room @ home

## 20c. TIME OF INJURY

Hour

Month, Day, Year

a.m.

p.m.

1/28/61

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

## 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

home

## 20f. CITY, TOWN, OR LOCATION

Hayti

## COUNTY

Pennsac Mo

## STATE

## 21. I attended the deceased from

1/28/61

to 2/1/61

and last saw him alive on 2/1/61

Death occurred at

9:30 am on the date stated above, and to the best of my knowledge from the causes stated.

## 22a. SIGNATURE

(Degree or title)

M.D.

## 22b. ADDRESS

Hayti Mo

## 22c. DATE SIGNED

2/6/61

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

## 23b. DATE

2-3-61

## 23c. NAME OF CEMETERY OR CREMATORY

Mt Zion

## 23d. LOCATION (City, town, or county)

Steele Mo

## 24. FUNERAL DIRECTOR

## ADDRESS

German Funeral Home Steele Mo.

## 25. DATE RECD. BY LOCAL REG.

## 26. REGISTRAR'S SIGNATURE

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 John F. McClure

Licensed Embalmer No. 5104

P. O. Address Steele, Missouri

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.