

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-024005

STATE FILE NUMBER

AMENDED

Registration District No.

38

Primary Registration District No.

3506

Registrar's No.

460

FILED JUL 31 1961

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY	Boone	a. STATE	Missouri
b. CITY (If outside corporate limits, give TOWNSHIP only)	Columbia	b. COUNTY	Boone
OR TOWN		c. CITY OR TOWN	Columbia
c. FULL NAME OF (If NOT in hospital, give location)	Boone County Hospital	d. STREET ADDRESS	1201 Walnut
HOSPITAL OR INSTITUTION		(If outside, give location)	
Inside Limits	Yes ☒ No ☐	Reside on Farm	Yes ☐ No ☐
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First	Middle	Month	Day
REBECCA	ANN	July	23, 1961
ARMISTEAD			
5. SEX	6. COLOR OR RACE	7. Married ☒ Never Married ☐	8. DATE OF BIRTH
Female	White	Widowed ☐ Divorced ☐	10-18-1875
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday)
At Home		At Home	85
11. BIRTHPLACE (City and state or country)		12. CITIZEN OF WHAT COUNTRY	
Sandusky, Ohio		U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
Daniel Evans		Susan Wright	
14. NAME OF HUSBAND OR WIFE		Address	
James G. Armistead			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	
No		None	
17. INFORMANT		Address	
Vespa McCann, Columbia, Missouri			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)			2 months
Myocardial Infarct			
DUE TO (b)			
DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days.
Broncho pneumonia			☐ Yes ☒ No ☐ Unknown
19. 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.)	
20c. TIME OF INJURY	Hour	Month, Day, Year	
	a.m.		
	p.m.		
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.)	20f. CITY, TOWN, OR LOCATION	COUNTY STATE
21. I attended the deceased from 5/29/61 to 7/23/61 and last saw her alive on 7/23/61			
Death occurred at 12:20 m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title)		22b. ADDRESS	22c. DATE SIGNED
B. A. Macmillan, II, M.D.		1504 E. Broadway	7/24/61
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE	23c. NAME OF CEMETERY OR CREMATORY	23d. LOCATION (City, town, or county) (State)
Burial	July 25, 1961	Old Cedar Cemetery	Callaway County, Missouri
24. FUNERAL DIRECTOR ADDRESS		25. DATE RECD. BY LOCAL REG.	26. REGISTRAR'S SIGNATURE
Parker Funeral Service, Columbia, Mo.		July 25, 1961	Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

AUG 1 0 1962

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 J. W. Phillips

Licensed Embalmer No. 4897

P. O. Address Columbus, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.