MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-032188
STATE FILE NUMBER

AMENDED

Registration District No. 65 Primary Registration District No. _____ Registrar's No. 24

FILED SEP 29 1961

1. PLACE OF DEATH
a. COUNTY CHARITON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN BRUNSWICK. Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 900 W BROADWAY Inside Limits Yes ☑ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY CHARITON
c. CITY OR TOWN BRUNSWICK. Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 900 W BROADWAY Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First EMMA Middle AGNES Last SUESS
4. DATE OF DEATH Month 9 Day 22 Year 1961
5. SEX FEMALE
6. COLOR OR RACE WHITE
7. Married ☐ Never Married ☐ Widowed ☑ Divorced ☐
8. DATE OF BIRTH 3-17-88
9. AGE (last birthday) 81
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) House wife
10b. KIND OF BUSINESS OR INDUSTRY HOUSE WORK
11. BIRTHPLACE (City and state or country) CHARITON COUNTY
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME GEORGE ARMSTRONG
13b. MOTHER'S MAIDEN NAME RACHEL
14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none
16. SOCIAL SECURITY NO. no
17. INFORMANT Mrs Hazel Allen Address Brunswick Mo

MEDICAL CERTIFICATION

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 Thrombosis Stroke — INTERVAL BETWEEN ONSET AND DEATH 48 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Arteriosclerosis — 10 yrs.
DUE TO (c) Arthritis Chronic Articular — 10 yrs.
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. ☐ 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 a.m. p.m. Month, Day, Year
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 20 Sept-1961 to 22 Sept-1961 and last saw her alive on 22 Sept-1961.
Death occurred at 11:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE Grover C. Rice (Degree or title) M.D.
22b. ADDRESS Brunswick Mo.
22c. DATE SIGNED 23 Sept 1961
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 9-25-1961
23c. NAME OF CEMETERY OR CREMATORY Elliott Grove Cem
23d. LOCATION (City, town, or county) Brunswick (State) Mo.
24. FUNERAL DIRECTOR L. E. McCurry ADDRESS Brunswick Mo.
25. DATE RECD. BY LOCAL REG. Sept 25-1961
26. REGISTRAR'S SIGNATURE Dovie Smith

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 L. E. McCurry

Licensed Embalmer No. 4806

P. O. Address Brunswick 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.