

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

FILED APR 8 1948

THE STATE BOARD OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9735

Registration District No. 278

Primary Registration District No. 3054

Registrar's No. 37

1. PLACE OF DEATH:

(a) County Pike
(b) City or town Louisiana Mo
(If outside city or town limits, write "RURAL" and name of township)
(c) Name of hospital or institution:
Pike County Hospital
(If not in hospital or institution, write street number or location)
(d) Length of stay: In hospital or institution _____
(Specify whether _____)
In this community _____
(years, months or days)

3. (a) PRINT FULL NAME Armpstead Alexander Phillip's

3. (b) If veteran, name war _____ 3. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married

6. (b) Name of husband or wife Amanda Phillips 6. (c) Age of husband or wife if alive _____ years

7. Birth date of deceased September 5 1885
(Month) (Day) (Year)

8. AGE: Years 62 Months 6 Days 14 If less than one day _____ hr. _____ min.

9. Birthplace Corsco, Mo. (City, town, or county) (State or foreign country)

10. Usual occupation Farmer

11. Industry or business _____

12. Name Quilla Phillips

13. Birthplace N. Carolina (City, town, or county) (State or foreign country)

14. Maiden name Martha Itson

15. Birthplace Truxton, Mo. (City, town, or county) (State or foreign country)

16. (a) Informant Amanda Phillips

(b) Address Corsco, Mo.

17. (a) Burial (b) Date thereof 3/25/48
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Chney, Mo.

18. (a) Signature of funeral director Wayne McCoy

(b) Address Troy, Mo.

19. (a) 3/23/48 (b) Bernice Collier
(Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

(a) State Mo. (b) County Lincoln
(c) City or town Rural 57
(If outside city or town limits, write "RURAL")
(d) Street No. Corsco 0
(If rural, give location)
(e) Citizen of foreign country? no (Yes or No)
If yes, name country no 1

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 23
year 1948 hour six minute 55 AM.

21. I hereby certify that I attended the deceased from March 19 1948 to March 23 1948.
that I last saw him alive on " " 19" and that death occurred on the date and hour stated above.

Immediate cause of death Pulmonary Embolism 30 min

Due to Unresolved Rotavirus pneumonia RT basal mo
cardiovascular dis. yrs

Other conditions. (Include pregnancy within 3 months of death)

Major findings: Of operations _____

Of autopsy 93P

22. If death was due to external causes, fill in the following:

(a) Accident, suicide, or homicide (specify) _____
(b) Date of occurrence _____
(c) Where did injury occur? _____ (City or town) (County) (State)
(d) Did injury occur in or about home, on farm, in industrial place, in public place? _____

While at work? _____ (Specify type of place) (e) Means of injury no

23. Signature Chas H Mueller (M. D. or other) MD.
Address Louisiana Mo Date signed 3/23/48

MAR 4 1949

RECEIVED
District Health Officer No. 10
District File Number 4-48-65-9
Date Filed APR 7 1948

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.....

....., Registered Apprentice No.
~~working under my personal supervision.~~

Signed

George O. Hagner

Licensed Embalmer No. 3773

P. O. Address Louisiana, 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 this body is not embalmed, fact should be so stated above.