

FILED FEB 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

5451

State File No.

BIRTH NO. _____ REG. DIST. NO. 183 PRIMARY REG. DIST. NO. 4297 Registrar's No. 2

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Purdin</u>		c. LENGTH OF STAY <u>4 1/2 years</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION -----		c. CITY (If outside corporate limits, write RURAL and give township) <u>Purdin</u>	
		d. STREET ADDRESS (If rural, give location) -----	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Thomas</u>	b. (Middle) <u>E.</u>	c. (Last) <u>Armstrong</u>	4. DATE OF DEATH (Month) (Day) (Year)	<u>2</u> <u>5</u> <u>49</u>
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5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Mar. 21, 1871</u>	9. AGE (In years, Months, Days, Hours, Min.) <u>77</u> <u>10</u> <u>14</u>
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10a. USUAL OCCUPATION (Give kind of work or occupation, including life, even if retired) <u>Electrician</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Purdin Mert. DURY.</u>	11. BIRTHPLACE (State or foreign country) <u>Canada</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Thomas Armstrong</u>	13b. MOTHER'S MAIDEN NAME <u>Jane Laing</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NUMBER <u>488-14-6005</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Miss Lattie Armstrong Purdin Mo.</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>7 1/2 hr</u> <u>8 mnd</u> <u>10 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Branchial (Stasis) pneumonia</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral hemorrhage</u> DUE TO (c) <u>Cerebral hemorrhage</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>231X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
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22. I hereby certify that I attended the deceased from Jan 1, 1948, to Feb 5, 1949, that I last saw the deceased alive on Feb 5, 1949, and that death occurred at 5:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>I.R. Martin MD</u>	23b. ADDRESS <u>Browning Mo</u>	23c. DATE SIGNED <u>Feb 7 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>2-9-49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Purdin</u>	24d. LOCATION (City, town, or county) (State) <u>Purdin Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Feb 15, 1949</u>	REGISTRAR'S SIGNATURE <u>Elva Cookshanks</u>	25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS <u>Wade Funeral Home Browning Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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
Student Embalmer

Signed Herald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.