

No. 300
10.48

FILED DEC 21 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **40735**

BIRTH NO. _____ REG. DIST. NO. 114 PRIMARY REG. DIST. NO. 4186 Registrar's No. 44

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

1. PLACE OF DEATH a. COUNTY Franklin		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Franklin	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sullivan	
c. LENGTH OF STAY (in this place) 20 yrs.		36	
d. FULL NAME OF HOSPITAL OR INSTITUTION 36 North Park		d. STREET ADDRESS (If rural, give location) 36 North Park	

3. NAME OF DECEASED (Type or Print)	a. (First) Clarence	b. (Middle) L.	c. (Last) Armistead	4. DATE OF DEATH (Month) (Day) (Year)	Dec. 8 1949
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 15, 1877	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months 6 Days 23	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired farmer	10b. KIND OF BUSINESS OR INDUSTRY farming	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Thomas Armistead	13b. MOTHER'S MAIDEN NAME Sarah Bandy	14. NAME OF HUSBAND OR WIFE Ellen Armistead
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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) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Ellen Armistead	ADDRESS Sullivan, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis		INTERVAL BETWEEN ONSET AND DEATH today
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Stranguria		
	DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			4 1/2

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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 12-5, 1949, to 12-8, 1949, that I last saw the deceased alive on 12-8, 1949, and that death occurred at 12:30 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Chas. R. D. Sullivan M.D.	23b. ADDRESS Sullivan, Mo.	23c. DATE SIGNED 12-11-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Dec. 11, 49	24c. NAME OF CEMETERY OR CREMATORY Evergreen Cemetery	24d. LOCATION (City, town, or county) (State) Franklin Co. Mo.
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DATE REC'D BY LOCAL REG. 12-11-49	REGISTRAR'S SIGNATURE Chas. R. D. Sullivan	25. FUNERAL DIRECTOR'S SIGNATURE Wm. P. Shaffer	ADDRESS Sullivan, Mo.
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District File Number
District Health Officer No. 91
RECEIVED
DEC 20 1949

DEC 23 1949

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 _____

T. A. Humphrey

Student Embalmer No. 316

working under my personal supervision.

Signed J. A. Humphrey
Student Embalmer

Signed Harry E. Monroe

Licensed Embalmer No. 4495

P. O. Address Sullivan, 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.