

FILED JUL 19 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

22520

State File No.

Dr Elias wa 7700

BIRTH NO. _____ REG. DIST. No. *146* PRIMARY REG. DIST. NO. *5568* Registrar's No. *253*

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

1. PLACE OF DEATH a. COUNTY <i>Jackson</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Lafayette</i>	
b. CITY (If outside corporate limits, write RURAL and give town): OR TOWN <i>Rural-Blue</i>		c. LENGTH OF STAY (in this place) <i>2 yrs</i>	c. CITY OR TOWN <i>Corder</i>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>Four Pines Rest Home</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
		STREET ADDRESS (If rural, give location) <i>0549</i>	

3. NAME OF DECEASED (Type or Print) <i>Sy Lee</i>			a. (First)	b. (Middle)	c. (Last) <i>Armbruster</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>July 8, 1955</i>				
5. SEX <i>Female</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Widowed</i>		8. DATE OF BIRTH <i>Oct 28, 1879</i>		9. AGE (In years last birthday) <i>75</i>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 2 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>House Wife</i>			10b. KIND OF BUSINESS OR INDUSTRY <i>Home</i>			11. BIRTHPLACE (City and State or Foreign Country) <i>Lafayette Co. Mo</i>			12. CITIZEN OF WHAT COUNTRY? <i>USA</i>	

13a. FATHER'S NAME <i>J. A. Jeffries</i>		13b. MOTHER'S MAIDEN NAME <i>Sally Dixon</i>		14. NAME OF HUSBAND OR WIFE <i>E. L. Armbruster</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <i>No</i>		16. SOCIAL SECURITY NO. <i>None</i>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Lawrence A. Armbruster</i>	

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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Congestive Heart failure</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Rheumatic Heart Disease</i> DUE TO (c) <i>416x</i>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Generalized arterio sclerosis</i>		CHRONIC <i>Chronic</i>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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)
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?

22. I hereby certify that I attended the deceased from *8-23*, 19*54*, to *7-8*, 19*55*, that I last saw the deceased alive on *7-7*, 19*55*, and that death occurred at *5:46 A. m.*, from the causes and on the date stated above.

23. SIGNATURE (Degree or title) <i>David J. Elias M.D.</i>		23b. ADDRESS <i>Blue Ridge cutoff + 7 mi 40 N</i>	23c. DATE SIGNED <i>7-9-55</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>July 12-55</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Corder Cemetery</i>	24d. LOCATION (City, town, or county) (State) <i>Corder, Mo</i>

DATE REC'D BY LOCAL REG. <i>7-12-55</i>	REGISTRAR'S SIGNATURE <i>L. Mary Tracy</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Wilson L. Kefley Judge, Mo</i>
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REC. 21 1958

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.....
Licensed Embalmer No. 422

P. O. Address.....
Indep. 2

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.