URL DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

'59 046341

FILED VS JAN – 4 1960

✓ Registration District No. 317 Primary Registration District No. 500 Registrar's No. 3440 STATE FILE NUMBER

ENDED

1. PLACE OF DEATH
a. COUNTY: ST. LOUIS
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: MANCHESTER — Length of stay in 1b: 16 DAYS
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: MANCHESTER NURSING HOME — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: FRANKLIN
c. CITY OR TOWN: SULLIVAN — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 15 S. OLIVE — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First: THOMAS Middle: RUBEN Last: ARMISTEAD
4. DATE OF DEATH: Month: DEC. Day: 19 Year: 1959
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: MARCH 1, 1879
9. AGE (last birthday): 80 — IF UNDER 1 YEAR: Months 9 Days 18 — IF UNDER 24 HR: Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): FARMER
10b. KIND OF BUSINESS OR INDUSTRY: FARMING
11. BIRTHPLACE (City and state or country): LESLIE, MO. R.R.I
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GEORGE E. ARMISTEAD
13b. MOTHER'S MAIDEN NAME: SARAH GRAUATT
14. NAME OF HUSBAND OR WIFE: DELLIA PHILLIPP
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: RAY ARMISTEAD Address: KIRKWOOD, 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): Acute Myocardial Failure — INTERVAL BETWEEN ONSET AND DEATH: 4 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Mitral Stenosis and Incompetence — Don't Know
DUE TO (c): Arterio-Sclerotic Heart Disease
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Senility
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

BY AFFIDAVIT OF

21. I attended the deceased from Dec. 2, '59 to Dec. 19, '59 and last saw her/him alive on Dec. 19th, 1959
Death occurred at 1:35 A.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Ralph W. Raffety, D.O.
22b. ADDRESS: Box 122, Manchester, Mo.
22c. DATE SIGNED: 12-19-59

23a. BURIAL, CREMATION, REMOVAL OR TRANSIT: BURIAL
23b. DATE: DEC. 21, 1959
23c. NAME OF CEMETERY OR CREMATORY: EVERGREEN BAPTIST CH. CEM.
23d. LOCATION (City, town, or county): LESLIE R.R.I (State): MO.

24. FUNERAL DIRECTOR: H.M. EATON
ADDRESS: SULLIVAN, MO.
25. DATE RECD. BY LOCAL REG.: 12-23-59
26. REGISTRAR'S SIGNATURE: John B. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

~~or by~~ _____, Student Embalmer No. _____

working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Harrison M. Eaton

Licensed Embalmer No. 5066

P. O. Address Sullivan, Ill

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