

CERTIFICATE OF DEATH

XX

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 815-D

VS 300
Rev. 1/70

DO NOT WRITE
ON THIS STUB

9. 1
10a. 79
10b.
11. 0
12. 2
13. 491X
14.
15. 9
16.
17.
18. 0
19. CREDITS
20.

DECEASED

USUAL RESIDENCE WHERE DECEASED LIVED, IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.

6. 0050

PARENTS

CAUSE

CERTIFIER

BURIAL

DECEASED—NAME FIRST MIDDLE LAST			SEX	DATE OF DEATH (MONTH, DAY, YEAR)		
1. Ethel Blanche Armstrong			2. Female	3. May 7, 1970		
RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY)	AGE—LAST BIRTHDAY (YEARS)	UNDER 1 YEAR	UNDER 1 DAY	DATE OF BIRTH (MONTH, DAY, YEAR)		COUNTY OF DEATH
4. White	5a. 79	5b. MOS. DAYS	5c. HOURS MIN.	6. April 30, 1891		7a. Greene
CITY, TOWN, OR LOCATION OF DEATH		INSIDE CITY LIMITS (SPECIFY YES OR NO)	HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER)			
7b. Springfield		7c. Yes	7d. Cox Medical Center			
STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY)		CITIZEN OF WHAT COUNTRY		MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (SPECIFY)		SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME)
8. Missouri		9. USA		10. Widowed		11.
SOCIAL SECURITY NUMBER		USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED)		KIND OF BUSINESS OR INDUSTRY		
12. 496-42-6226		13a. Housewife		13b. Home		
RESIDENCE—STATE		COUNTY	CITY, TOWN, OR LOCATION		INSIDE CITY LIMITS (SPECIFY YES OR NO)	STREET AND NUMBER
14a. Missouri		14b. Barry	14c. Washburn		14d. no	14e. R.F.D.
FATHER—NAME FIRST MIDDLE LAST			MOTHER—MAIDEN NAME FIRST MIDDLE LAST			
15. William I. Watson			16. Mary Artemessa O'Neal			
INFORMANT—NAME			MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)			
17a. Pauline Stone			17b. R.F.D., Washburn, Missouri 65772			
PART I. DEATH WAS CAUSED BY:			[ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c)]			APPROXIMATE INTERVAL BETWEEN ONSET AND DEATH
18. IMMEDIATE CAUSE						
(a) Chronic bronchitis						
DUE TO, OR AS A CONSEQUENCE OF:						
CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST						
(b)						
DUE TO, OR AS A CONSEQUENCE OF:						
(c)						
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)				AUTOPSY (YES OR NO)	IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH	
ASHD with AF Fractured hip				19a.	19b.	
ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY)	DATE OF INJURY (MONTH, DAY, YEAR)	HOUR	HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18)			
20a.	20b.	20c.	20d.			
INJURY AT WORK (SPECIFY YES OR NO)		PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE BLDG., ETC. (SPECIFY)	LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE)			IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS
20a.		20f.	20g.			20h. <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> UNK.
CERTIFICATION—PHYSICIAN:		MONTH DAY YEAR	MONTH DAY YEAR	AND LAST SAW HIM/HER ALIVE ON	I DID/DID NOT VIEW THE BODY AFTER DEATH.	DEATH OCCURRED AT THE PLACE, ON THE DATE, AND, TO THE BEST OF MY KNOWLEDGE, DUE TO THE CAUSE(S) STATED.
1. ATTENDED THE DECEASED FROM		21a. Feb. 25, 1970	TO	21b. May 7, 1970	21c. May 7, 1970	21d. did not
CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED.						
22a.						
CERTIFIER—NAME (TYPE OR PRINT)			SIGNATURE		DATE SIGNED (MONTH, DAY, YEAR)	
23a. Joe E. Hills, M.D.			23b. [Signature]		23c. 6/2/70	
MAILING ADDRESS—CERTIFIER (STREET OR R.F.D. NO., CITY OR TOWN, STATE ZIP)						
23d. 1550 East Sunshine, Springfield, Missouri 65804						
BURIAL, CREMATION, REMOVAL (SPECIFY)	CEMETERY OR CREMATORY—NAME		LOCATION CITY OR TOWN STATE			
24a. Burial	24b. Washburn Pairie		24c. Washburn, Missouri			
DATE (MONTH, DAY, YEAR)		FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP)				
24d. May 10, 1970		24e. Williamson, 1303 Main, Cassville, Missouri 65625				
FUNERAL DIRECTOR—SIGNATURE			REGISTRAR—SIGNATURE		DATE RECEIVED BY LOCAL REGISTRAR	
25a. [Signature]			25b. [Signature]		25c. June 3, 1970	

Type or print in PERMANENT BLACK INK. See handbook for instructions.

6-51-9

JUL 6 1970

JUL 31 1970

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 Doyle E Williamson

Licensed Embalmer No. 4883

P. O. Address Cassville, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.