

**CERTIFICATE OF DEATH
STATE OF ALABAMA**

24298

1. PLACE OF BIRTH a. COUNTY Mobile		2. BEAT NO. 49021	3. USUAL RESIDENCE (Where deceased lived, if Institution; Residence before admission) a. STATE Alabama b. COUNTY Mobile		
4. CITY, TOWN, OR LOCATION Mobile		5. IS PLACE OF DEATH INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	6. CITY, TOWN, OR LOCATION Mobile		7. IS RESIDENCE INSIDE CITY LIMITS? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
8. NAME OF HOSPITAL OR INSTITUTION 1511 Monroe St.		9. LENGTH OF STAY IN 1b 27 yrs.	10. STREET ADDRESS 1511 Monroe Street		
11. NAME OF DECEASED (Type or print) Orville Martin Armbrust			12. DATE OF DEATH Month 10 Day 2 Year 1967		
13. SEX Male	14. COLOR OR RACE White	15. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	16. DATE OF BIRTH 3/2/1910	17. AGE (In years last birthday) 57	18. IF UNDER 1 YEAR Months _____ Days _____ Hours _____ Min. _____
19. USUAL OCCUPATION (Give kind of work done during most of working life) Timekeeper		20. KIND OF BUSINESS OR INDUSTRY ADDS CO.	21. BIRTHPLACE (State or foreign country) Gorsett, Arkansas		22. CITIZEN OF WHAT COUNTRY? U. S. A.
23. FATHER'S NAME Frank Armbrust		24. MOTHER'S MAIDEN NAME Dixie Hewitt		25. NAME OF SURVIVING SPOUSE Mrs. Erlene E. Armbrust	
26. WAS DECEASED EVER IN U. S. ARMED FORCES? No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> (If yes, give war or dates of service)		27. SOCIAL SECURITY NO.		28. INFORMANT'S NAME Wife	
29. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) multiple myeloma		30. INTERVAL BETWEEN ONSET AND DEATH 1 year			
31. Conditions, if any, which gave rise to above cause (a), stating the wading, lying cause last. DUE TO (b) _____ DUE TO (c) 203X		32. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH, BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) diabetic mellitus		33. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
34. (Probably) ACCIDENT - SUICIDE - HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		35. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)			
36. TIME OF HOUR: Month _____ Day _____ Year _____ INJURY: a. m. _____ p. m. _____					
37. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		38. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office)		39. CITY, TOWN, OR LOCATION COUNTY STATE	
40. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at 12:25 P. m. of the date stated above, and to the best of my knowledge, from the causes stated					
41. SIGNATURE (In blue or black ink) Robert M. Dyer M.D.		42. ADDRESS Mobile, Alabama		43. DATE SIGNED 10/3/67	
44. BURIAL - CREMATION - REMOVAL (Specify) Burial		45. DATE 10/4/67	46. NAME OF CEMETERY OR CREMATORY Magnolia Cemetery		47. LOCATION (City, town, or county) (State) Mobile, Alabama
48. FUNERAL DIRECTOR'S ADDRESS RADNEY FUNERAL HOME, INC., Mobile		49. DATE RECD. BY LOCAL REG. 10-3-		50. REGISTRAR'S SIGNATURE C. Donatello	

Multiple myeloma

Diabetic mellitus