

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

18624

State File No. ....

FILED JUL 11 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 714

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph	
c. LENGTH OF STAY (In this place) 56 years		d. STREET ADDRESS (If rural, give location) 706 S. 14th Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 706 S. 14th Street			

3. NAME OF DECEASED (Type or Print) Charles	a. (First)	b. (Middle) William	c. (Last) Armstrong	4. DATE OF DEATH July 3, 1949
				(Month) (Day) (Year)

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, Married	8. DATE OF BIRTH May 10, 1890	9. AGE (In years last birthday) 59	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 Wks. Hours	IF UNDER 1 Wks. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) City Fireman	10b. KIND OF BUSINESS OR INDUSTRY St. Joseph Fire Dep	11. BIRTHPLACE (State or foreign country) Marshalltown, Iowa!	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Henry H. Armstrong	13b. MOTHER'S MAIDEN NAME Lorinda Sinclair	14. NAME OF HUSBAND OR WIFE May Armstrong
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	(If yes, give war or dates of service) World War #1.	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Mrs. May Armstrong	ADDRESS 706 S. 14th Street.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Suicide		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) DUE TO (c) Man shot himself in the left chest with a 16 gauge shot gun while plunk in the basement of his home.		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

21a. ACCIDENT SUICIDE - HOMICIDE Suicide	(Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) St. Joseph	(COUNTY) Buchanan	(STATE) Mo
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21d. TIME OF INJURY July 3-1949 5:00 a.m.	(Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Self inflicted gunshot wound
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22. I hereby certify that I attended the deceased from alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at \_\_\_\_\_, 19\_\_\_\_, at \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 5:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE H. F. Mundy M.D. Coroner	(Degree or title)	23b. ADDRESS 404 So 3d St	23c. DATE SIGNED 7/5/49
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24a. BURIAL, CREMATION, REMOVAL Burial	24b. DATE July 6, 1949	24c. NAME OF CEMETERY OR CREMATORY Mt. Auburn Cemetery	24d. LOCATION (City, town, or county) St. Joseph, Missouri.
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DATE REC'D BY LOCAL REG. July 6, 1949	REGISTRAR'S SIGNATURE E. G. Jenkins	25. FUNERAL DIRECTOR'S SIGNATURE Watter Meierhoffer	ADDRESS 1946 Colhoun St. St. Joseph, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

JUL 28 1949

AUG 1 0 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 \*\*\*\*\*

\*\*\*\*\*

Student Embalmer No. \*\*\*\*\*

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Albert C. Harrington*

Licensed Embalmer No. 5258 Missouri.

P. O. Address St. Joseph, Missouri

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.