

STANDARD CERTIFICATE OF DEATH

State File No. **13738**
Registrar's No. **63**

FILED MAY 3-1952

BIRTH NO. _____ REG. DIST. NO. **267** PRIMARY REG. DIST. NO. **5902**

| | | | |
|---|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Pemiscot | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY Pemiscot | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti Rural | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti | |
| c. LENGTH OF STAY (to this place) 6 yrs | | d. STREET ADDRESS (If rural, give location) Rt. #1, Box 447 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION HI 447 | | | |

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|---|--|--|--|---|--|
| 3. NAME OF DECEASED (Type or Print) a. (First) Sidney b. (Middle) sons c. (Last) Armstrong | | | 4. DATE OF DEATH (Month) (Day) (Year) 4 24 52 | | |
| 5. SEX Male | | 6. COLOR OR RACE Negro | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed | |
| 8. DATE OF BIRTH 9-8-1886 | | 9. AGE (In years last birthday) 65 | | 10. UNDER 1 YEAR Days 76 Hours 16 Min. | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming | | 10b. KIND OF BUSINESS OR INDUSTRY Farming | | 11. BIRTHPLACE (State or foreign country) Calhoun Mississippi | |
| 12. CITIZEN OF WHAT COUNTRY? U.S. of America | | | | | |

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|--|--|---|--|---|--|
| 13a. FATHER'S NAME Henry Armstrong | | 13b. MOTHER'S MAIDEN NAME Callie | | 14. NAME OF HUSBAND OR WIFE Mary Johnson Armstrong | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Cora Williams Hayti, Mo. ADDRESS _____ | |

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|--|--|---|--|--|
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i> | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Insufficiency | | INTERVAL BETWEEN ONSET AND DEATH ✓ |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension | | |
| | | DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | |

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|---|--|--|--|---|--|
| 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) 44.3x | |
| 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 **4-20-1952**, to **4-24-1952**, that I last saw the deceased alive on **4-23-1952**, and that death occurred at **8:00A** m., from the causes and on the date stated above.

| | | | | | |
|---|--|--------------------|--|---------------------------------|--|
| 23a. SIGNATURE L. L. Masterson, Hayti, Mo. (Degree or title) | | 23b. ADDRESS _____ | | 23c. DATE SIGNED 4-26-52 | |
|---|--|--------------------|--|---------------------------------|--|

| | | | | | |
|---|--|--------------------------|--|---|--|
| 24a. BURIAL/CREMATION REMOVAL (Specify) Burial | | 24b. DATE 4-27-52 | | 24c. NAME OF CEMETERY OR CREMATORY Simon Hill | |
| | | | | 24d. LOCATION (City, town, or county) (State) Enid Mississippi | |

| | | | | | |
|---|--|---|--|---|--|
| DATE REC'D BY LOCAL REG. 4-28-52 | | REGISTRAR'S SIGNATURE John W. Herman 406 | | 25. FUNERAL DIRECTOR'S SIGNATURE Wm. Smith ADDRESS Hayti, Mo. | |
|---|--|---|--|---|--|

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

1780
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4-52-137

Rec.

APR 30 1952

S. B. Beecher, M. D.,
Pemiscot County Health Department,
Caruthersville, Missouri

MAY 6 1952

VS
AUG 25 1959

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.....

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Philip P. [Signature]*

Licensed Embalmer No. *41F 35*

P. O. Address *Caruthersville, 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 this body is not embalmed, fact should be so stated above.