

FILED SEP 23 1953

STANDARD CERTIFICATE OF DEATH

State File No. 32193

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 138

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1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived, if institution: residence before death) a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Webb City	
c. LENGTH OF STAY (In this place) 48 yrs		d. STREET ADDRESS (If rural, give location) 511 South Hall	
d. FULL NAME OF HOSPITAL OR INSTITUTION 511 South Hall St		511 South Hall	

3. NAME OF DECEASED a. (First) Clarence b. (Middle) Homer c. (Last) Armstrong			4. DATE OF DEATH (Month) (Day) (Year) September 18, 1953		
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH June 28, 1883		9. AGE (In years last birthday) 70		IF UNDER 1 YEAR Months Days		IF UNDER 24 HRS. Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter				10b. KIND OF BUSINESS OR INDUSTRY Retired Carpenter				11. BIRTHPLACE (State or foreign country) Irvington Illinois				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
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13a. FATHER'S NAME John Henry Armstrong				13b. MOTHER'S MAIDEN NAME Jennie McKnight				14. NAME OF HUSBAND OR WIFE Shirley D. Armstrong			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. 496-10-6236				17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shirley D. Armstrong, Webb City, Mo			
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Cerebral Hemorrhage</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Hypertension</i> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death.								INTERVAL BETWEEN ONSET AND DEATH 12 days	
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19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION								20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) 331X			
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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?			
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22. I hereby certify that I attended the deceased from Jan, 1951, to Sept, 1953, that I last saw the deceased alive on Sept 17, 1953, and that death occurred at 6:52 AM, from the causes and on the date stated above.

23a. SIGNATURE <i>George H. Smith M.D.</i> (Degree or title)				23b. ADDRESS Webb City, Mo				23c. DATE SIGNED 9/19/53			
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-21-1953		24c. NAME OF CEMETERY OR CREMATORY Mount Hope Cemetery				24d. LOCATION (City, town, or county) (State) Webb City Missouri			
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DATE REC'D BY LOCAL REG. 9-19-53		REGISTRAR'S SIGNATURE <i>Mrs. Madeline Surber</i> 4740				25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hedge-Lewis Webb City, Mo			
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED SEP 21 1953

Jasper County Health Office

County File Number 53-9-774

Date Filed SEP 21 1953

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

Richard Gray Lewis

Licensed Embalmer No. 4405

P. O. Address

Webb City

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.