

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9441

| | | | | | | | | | |
|---|--|--|--|---|--|---|---|---|--|
| BIRTH NO. _____ | | REG. DIST. NO. 156 | | PRIMARY REG. DIST. NO. 2001 | | Registrar's No. 111 | | | |
| 1. PLACE OF DEATH a. COUNTY Jasper | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jasper | | | | | |
| b. CITY (If outside corporate limits, write RURAL and give town) Joplin | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Joplin | | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital | | | | STREET ADDRESS (If rural, give location) 115 1/2 West 20th St. | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Nora | | | b. (Middle) Armstrong | | | c. (Last) Armstrong | | | |
| 4. DATE OF DEATH | | (Month) 3 | | (Day) 10 | | (Year) 1956 | | | |
| 5. SEX Female | | 6. COLOR OR RACE white | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed | | 8. DATE OF BIRTH May 21, 1888 | | | |
| 9. AGE (In years last birthday) 67 | | IF UNDER 1 YEAR Months _____ Days _____ | | IF UNDER 2 HRS. Hours _____ Min. _____ | | | | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | | 10b. KIND OF BUSINESS OR INDUSTRY Homemaking | | | 11. BIRTH PLACE (City and State or Foreign Country) Oklahoma - 1 | | | |
| 12. CITIZEN OF WHAT COUNTRY? U.S.A. | | | 13a. FATHER'S NAME Thomas Randal | | 13b. MOTHER'S MAIDEN NAME Marita Morby | | 13c. NAME OF HUSBAND OR WIFE John Herbert Armstrong | | |
| 14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) No | | 15. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Logie Scott | | | | ADDRESS 115 1/2 W 20th Joplin Mo | |
| 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. | | | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Left Cerebral Hemorrhage | | | | INTERVAL BETWEEN ONSET AND DEATH 5 days | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | DUE TO (b) Hypertension (Essential) | | | | 6 yrs. | |
| | | | | DUE TO (c) myocardial degeneration with auricular fibrillation | | | | 5 yrs. | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | (d) Lues (C.H.S.) | | | | over 13 yrs. | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 443XB | | | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) | | | | |
| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m. | | 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 4-26-43, 19____, to 3-10-56, 19____, that I last saw the deceased alive on 3-10-56, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | | | |
| 23a. SIGNATURE (Degree or title) W. L. Howard M.D. | | | | 23b. ADDRESS Fisco Bldg. Joplin Mo | | | | 23c. DATE SIGNED 3/12/56 | |
| 24a. DATE OF BURIAL, CREMATION, OR REMOVAL (Specify) | | 24b. DATE 3-13-1956 | | 24c. NAME OF CEMETERY OR CREMATORY Fair View Cemetery | | 24d. LOCATION (City, town, or county) Joplin Mo | | (State) Mo | |
| DATE REC'D BY LOCAL REG. 3-16-56 | | REGISTRAR'S SIGNATURE Dove Merriman | | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thom Hill Dillion Joplin Mo | | | | |

(Licensed Embalmer's Statement on Reverse Side)

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

Jasper County Health Office
County File Number 56-3-243
Date Filed MAR 10 1956

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 David DeLeon

Licensed Embalmer No. 38

P. O. Address Joplin,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.