

FILED AUG 10 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHSTATE FILE NUMBER
24249Registration District No. 165 Primary Registration District No. 4257 Registrar's No. 30

1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)			
a. COUNTY <u>Johnson</u>		b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Leeton,</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Johnson</u>	
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY - OR TOWN <u>Leeton,</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence,</u>		Length of stay in 1b <u>30 months,</u>		d. STREET ADDRESS <u>Leeton, Mo.</u>		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print)				4. DATE OF DEATH			
First <u>JOHN</u>		Middle <u>F.</u>		Last <u>ARMSTRONG</u>		Month <u>July</u> Day <u>22nd</u> Year <u>1956</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/>	8. DATE OF BIRTH <u>January 1st, 1884</u>	9. AGE (In years last birthday) <u>72</u>	IF UNDER 1 YEAR		IF UNDER 24 HRS.
		WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>			Months	Days	Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>farming</u>		11. BIRTHPLACE (City and state or country) <u>Bell Buckle, Tennessee,</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>James H. Armstrong,</u>				14. MOTHER'S MAIDEN NAME <u>Armedia Lee,</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>489-42-7012</u>		17. INFORMANT <u>Mr. John F. Armstrong, Jr. Leeton, Mo.</u>			
		(If yes, give year or dates of service) <u>no</u>		Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]						INTERVAL BETWEEN ONSET AND DEATH	
PART I. DEATH WAS CAUSED BY:							
IMMEDIATE CAUSE - (a) <u>Acute Coronary Occlusion,</u>						<u>Instantly</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							
DUE TO (b) <u>Hypertensive Heart Disease</u>						<u>3-4 yrs.</u>	
DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) <u>4201</u>						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month _____ Day _____ Year _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____		20f. CITY, TOWN, OR LOCATION _____		COUNTY _____ STATE _____	
21. I attended the deceased from <u>4-22-54</u> , to <u>7-22-1956</u> and last saw <u>her</u> <u>him</u> alive on <u>6-17-56</u>							
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Claude M. Thurber, M.D.</u>				22b. ADDRESS <u>Windsor, Missouri</u>		22c. DATE SIGNED <u>7-23-1956</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal,</u>		23b. DATE <u>7-22-1956</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Hazel Cemetery, Bell Buckle, Tennessee,</u>		23d. LOCATION (City, town, or county) (State) _____	
24. FUNERAL DIRECTOR <u>R. A. Brauninger,</u>		ADDRESS <u>Warrensburg, Missouri</u>		25. DATE RECD. BY LOCAL REG. <u>7-28-1956</u>		26. REGISTRAR'S SIGNATURE <u>Jucok</u>	

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Public Service

56

000570

