

Health, Welfare  
Public  
Service

FILED SEP 26 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

32343

STATE FILE NUMBER

Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 444

300  
1-57

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|--|--|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <b>JASPER</b>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>KANSAS</b> b. COUNTY <b>LABETTE</b> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>JOPLIN</b>                             |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | c. CITY OR TOWN <b>CHE TOPA</b><br>Inside Limits<br>Yes <input type="checkbox"/> No <input type="checkbox"/>                |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION <b>ST. JOHN'S HOSP.</b> |  | Length of stay in 1b<br><b>1 1/2 HRS</b>   | d. STREET ADDRESS (If outside, give location)<br>Reside on Farm<br>Yes <input type="checkbox"/> No <input type="checkbox"/> |

|   |   |
|---|---|
| 3. NAME OF DECEASED (Type or print)<br>First <b>INFANT</b> Middle Last <b>ARMSTRONG</b> | 4. DATE OF DEATH<br>Month <b>SEPT.</b> Day <b>8,</b> Year <b>1957</b> |
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|                    |                           |   |  |  |
|--------------------|---------------------------|---|--|--|
| 5. SEX <b>male</b> | 6. COLOR OR RACE <b>W</b> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/><br>WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>SEPT. 8, 1957</b> | 9. AGE (In years last birthday) <b>0</b> Months <b>0</b> Day <b>0</b> Hours <b>1</b> Min <b>30</b> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>INFANT</b> | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>INFANT</b> | 11. BIRTHPLACE (City and state or country)<br><b>JOPLIN, MO.</b> | 12. CITIZEN OF WHAT COUNTRY?<br><b>U.S.A.</b> |
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|   |   |                                      |
|---|---|--------------------------------------|
| 13a. FATHER'S NAME<br><b>MARVIN ARMSTRONG</b> | 13b. MOTHER'S MAIDEN NAME<br><b>JEANINE HEATH</b> | 14. NAME OF HUSBAND OR WIFE<br>----- |
|---|---|--------------------------------------|

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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)<br><b>INFANT</b> | 16. SOCIAL SECURITY NO. | 17. INFORMANT<br><b>MARVIN ARMSTRONG, CHE TOPA, KANSAS</b><br>Address |
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| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Premature - 5 1/2 Mo</b> | INTERVAL BETWEEN ONSET AND DEATH<br><b>6 hrs</b> |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Premature Separation of Placenta</b>                |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>7615</b>             |  |

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| 19. WAS AUTOPSY PERFORMED?<br>YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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|   |  |
|---|--|
| 20a. ACCIDENT, SUICIDE + HOMICIDE<br><input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) |
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| 20c. TIME OF INJURY<br>Hour Month, Day, Year<br>a.m. p.m. |
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|  |  |   |                      |                        |
|--|--|---|----------------------|------------------------|
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE WORK <input checked="" type="checkbox"/> 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<br><b>JOPLIN</b> | COUNTY<br><b>MO.</b> | STATE<br><b>KANSAS</b> |
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| 21. I attended the deceased from <b>Sept 8 57</b> to <b>Sept 8 57</b> and last saw her alive on <b>Sept 8 57</b> on the date stated above; and to the best of my knowledge, from the causes stated. |
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|   |                                  |                                    |
|---|----------------------------------|------------------------------------|
| 22a. SIGNATURE<br><b>P. Crayford MD</b> (Degree or title) | 22b. ADDRESS<br><b>Joplin Mo</b> | 22c. DATE SIGNED<br><b>9-16-57</b> |
|---|----------------------------------|------------------------------------|

|   |                            |   |  |
|---|----------------------------|---|--|
| 23a. BURIAL, CREMATION, REMOVAL (Specify)<br><b>REMOVAL</b> | 23b. DATE<br><b>9-8-57</b> | 23c. NAME OF CEMETERY OR CREMATORY<br><b>CHE TOPA CEMETERY,</b> | 23d. LOCATION (City, town, or county) (State)<br><b>CHE TOPA, KANSAS</b> |
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| 24. FUNERAL DIRECTOR<br><b>STEVE PARKER MORTUARY, JOPLIN, MO.</b> | ADDRESS | 25. DATE RECD BY LOCAL REG.<br><b>9-20-1957</b> | 26. REGISTRAR'S SIGNATURE<br><b>Dove Merriam</b> |
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(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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Date Filed SEP 25 1957

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 *F. M. Jones* .....

Licensed Embalmer No. *2319*

P. O. Address *Joplin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.