

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015373
STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 33

S. 300
1-57

890

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

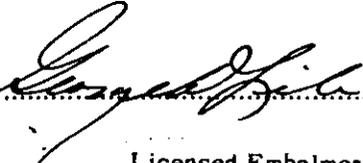
1. PLACE OF DEATH a. COUNTY RAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY RAY		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Richmond		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Richmond		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION MEMORIAL HOSPITAL RAY COUNTY		Length of stay in 1b 50 YEARS	d. STREET ADDRESS (If outside, give location) 327 SOUTH WELLINGTON		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last JASPER BROOKS ARMSTRONG SR.			4. DATE OF DEATH Month Day Year APRIL 12 1958		
5. SEX 0	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH NOVEMBER 2, 1878	9. AGE (In years last birthday) 85	IF UNDER 1 YEAR Months Days Hours 5 10
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MINER		10b. KIND OF BUSINESS OR INDUSTRY COAL MINES	11. BIRTHPLACE (City and state or country) 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME JAMES ARMSTRONG		13b. MOTHER'S MAIDEN NAME UNKNOWN	14. NAME OF HUSBAND OR WIFE RUBY JANE ARMSTRONG		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE		16. SOCIAL SECURITY NO. 495-07-7526	17. INFORMANT Address Jasper Armstrong Jr Richmond Missouri		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CONGESTIVE HEART DISEASE 4 day					INTERVAL BETWEEN ONSET AND DEATH P
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) ARTERIO-SCLEROSIS					
DUE TO (c) 4500					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					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 Month, Day, Year a.m. p.m.					
20d. INJURY OCCURRED WHILE AT <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 April 10-58 to April 12-58 and last saw her alive on 4-12-58 Death occurred at 11:50 P. on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE G E Jackson MD (Degree or title)			22b. ADDRESS Richmond Mo		22c. DATE SIGNED 4-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE APRIL 15, 1958	23c. NAME OF CEMETERY OR CREMATORY SUNNY SLOPE CEMETERY		23d. LOCATION (City, town, or county) (State) RICHMOND MISSOURI
24. FUNERAL DIRECTOR QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI		ADDRESS per [unclear]	25. DATE RECD. BY LOCAL REG. 4-19-1958		26. REGISTRAR'S SIGNATURE Malcol Jackson

MAY 19 1958

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 

Licensed Embalmer No. 4016

P. O. Address Bellevue, 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.