

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-029796

STATE FILE NUMBER

FILED SEP 2 1958 Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 186

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Maryville		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Maryville
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis		Length of stay in lb 9 days	d. STREET ADDRESS 515 West 8th
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES SUMNER ARMSTRONG			4. DATE OF DEATH Month Day Year 8 17 58
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 16, 1869
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer-retired		10b. KIND OF BUSINESS OR INDUSTRY Own account	11. BIRTHPLACE (City and state or country) Andrew Co., Mo.
13a. FATHER'S NAME Samuel H. Armstrong		13b. MOTHER'S MAIDEN NAME Pamelia Fannon	14. NAME OF HUSBAND OR WIFE Anna Thompson Armstrong, dec.
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) no none		16. SOCIAL SECURITY NO. none	17. INFORMANT Address Mrs. Mildred Hartman, Maryville, Mo.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ifurmia + Hypostatic pneumonia Conditions, if any, which gave rise to above cause (a), stating the underlying cause last } DUE TO (b) Benign prostatic hyperplasia? DUE TO (c) 610X PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Senility			INTERVAL BETWEEN ONSET AND DEATH 2
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 1958 to Aug. 17, 1958 and last saw him alive on Aug. 17, 1958 Death occurred at 8:00 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE B. B. Blyant (Degree or title) M. D.		22b. ADDRESS Maryville, Missouri	
22c. DATE SIGNED 8/19/58			
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 8/19/58	23c. NAME OF CEMETERY OR CREMATORY Barnard	23d. LOCATION (City, town, or county) (State) Barnard, Missouri
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 8-20-58	26. REGISTRAR'S SIGNATURE Bess 1601

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Caution: Secondary and tertiary diseases only - standard nomenclature in Part 18. No symptoms will be listed. All diseases in Part I must be causally related.

DEC 17 1958

85 MI 8 KERRICK HARRIS BROWN
130 101 100 1000 1000 1000
100 100 100 100 100 100
100 100 100 100 100 100

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 *Elmer M. Puse*

Licensed Embalmer No. *1822*

P. O. Address *Maryville, 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.