

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-021870  
STATE FILE NUMBER

FILED JUN 23 1959 Registration District No. 156 Primary Registration District No. 2001 Registrar's No. 294

1. PLACE OF DEATH a. COUNTY <b>Jasper</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Newton</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Joplin</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Joplin</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. John's</b>		Length of stay in lb <b>Lifetime</b>	d. STREET ADDRESS (If outside, give location) <b>3826 Main</b>
3. NAME OF DECEASED (Type or print) First <b>Roy</b> Middle <b>William</b> Last <b>Armstrong</b>			4. DATE OF DEATH Month <b>June</b> Day <b>6</b> Year <b>1959</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug. 3, 1905</b>
9. AGE (In years last birthday) <b>53</b>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Advertising</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Advertising</b>	11. BIRTHPLACE (City and state or country) <b>Joplin, Missouri</b>
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		13a. FATHER'S NAME <b>Frank Armstrong</b>	
13b. MOTHER'S MAIDEN NAME <b>Iona Palmer</b>		14. NAME OF HUSBAND OR WIFE <b>Bessie H. Armstrong</b>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, or unknown) (If yes, give year of service) <b>Yes W. W. 2</b>		16. SOCIAL SECURITY NO. <b>490-10-9199</b>	17. INFORMANT Address <b>Mrs. Bessie H. Armstrong Joplin, Missouri</b>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY OCCULSION</b>			INTERVAL BETWEEN ONSET AND DEATH <b>15 MIN.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>			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.			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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 <b>Did not see alive</b> and last saw her alive on _____		Death occurred at <b>11:05 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE <b>Gene Copeland</b> (Registrar or title)		22b. ADDRESS <b>Joplin, Mo</b>	22c. DATE SIGNED <b>6-15-1959</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>June 8, 1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Osborne Memorial</b>	23d. LOCATION (City, town, or county) (State) <b>Joplin, Missouri</b>
24. FUNERAL DIRECTOR <b>Thornhill-Dillon</b> ADDRESS <b>Joplin, Missouri</b>		25. DATE RECD. BY LOCAL REG. <b>6-17-1959</b>	26. REGISTRAR'S SIGNATURE <b>Doc Merriam</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

APR 23 1959

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 *Robert C. Rolfe* .....

Licensed Embalmer No. *5062* .....

P. O. Address *Asheville, N.C.* .....

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.