

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS SEP 15 1959 360

59-031281

Registration District No. _____ Primary Registration District No. 6225 Registrar's No. 148

STATE FILE NUMBER

ENDED

1. PLACE OF DEATH a. COUNTY VERNON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI , b. COUNTY VERNON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN WASHINGTON TOWNSHIP		Length of stay in 1b 11TH - 7M. 1959		c. CITY OR TOWN RICH HILL		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSP. #3, NEVADA, MO			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) R # 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First WARREN Middle B. Last ARMSTRONG				4. DATE OF DEATH Month SEPT. Day 4 Year 1959					
5. SEX M	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH JUNO 2. 1893	9. AGE (last birthday) 46	IF UNDER 1 YEAR Months - Days - Hours - Min. -	IF UNDER 24 HR Months - Days - Hours - Min. -		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) MECHANISBURG, ILLINOIS		12. CITIZEN OF WHAT COUNTRY U. S. A		
13a. FATHER'S NAME JAMES THOMAS ARMSTRONG			13b. MOTHER'S MAIDEN NAME ELIZABETH RAWLINGS			14. NAME OF HUSBAND OR WIFE -			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT HOSP. RECORDS STATE HOSP #3 NEVADA MO				Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CORONARY THROMBOSIS DUE TO (b) GENERALIZED ART. SCLEROSIS DUE TO (c) - Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.							INTERVAL BETWEEN ONSET AND DEATH 12 HOURS MANY YEARS		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown			
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 -	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 JAN. 20. 1948 to SEPT. 4. 1959 and last saw her alive on SEPT. 4. 1959 Death occurred at 5:00 A.M. m on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE E. Allmuckers MD (Degree or title)				22b. ADDRESS STATE HOSP. #3, NEVADA, MO				22c. DATE SIGNED 9-4-1959	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 1959	23c. NAME OF CEMETERY OR CREMATORY Balltown Cemetery		23d. LOCATION (City, town, or county) Horton Missouri		(State)		
24. FUNERAL DIRECTOR Ferry Funeral Home			ADDRESS Nevada, Missouri		25. DATE RECD. BY LOCAL REG. 9-10-1959	26. REGISTRAR'S SIGNATURE Anna E. Perry			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed L. Lucie Arroy

Licensed Embalmer No. 4960

P. O. Address Nevada

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.