

URI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-036499

FILED VS NOV 10 1959

Registration District No. 146

Primary Registration District No. 3026

Registrar's No. 485

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ray</b>				
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Independence</b>		Length of stay in 1b <b>hours</b>		c. CITY OR TOWN <b>Orrick</b>		Inside Limits <b>YMXK No <input type="checkbox"/></b>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Independence Sanit. &amp; Hosp.</b>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) <b>none</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <b>GEORGIANA J OYCE ARTMAN</b>				4. DATE OF DEATH Month Day Year <b>Oct. 30 1959</b>				
5. SEX <b>Female</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>10-17-1923</b>	9. AGE (last birthday) <b>36</b>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Domestic</b>		11. BIRTHPLACE (City and state or country) <b>Harrison, Arkansas</b>		12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>		
13a. FATHER'S NAME <b>Harry J. Armstrong</b>			13b. MOTHER'S MAIDEN NAME <b>Bess Hammerschmidt</b>			14. NAME OF HUSBAND OR WIFE <b>Keith Artman</b>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>430-20-5791</b>		17. INFORMANT Address <b>Keith Artman, Orrick, 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>Slits &amp; Hemorrhages resulting from multiple rib fractures, Hemorrhage &amp; Ruptured Spleen</b>						INTERVAL BETWEEN ONSET AND DEATH		
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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Two car collision</b>						
20c. TIME OF INJURY Hour a.m. p.m. <b>103059</b>		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.) <b>Highway</b>		20f. CITY, TOWN, OR LOCATION <b>Jackson MO</b>		
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <b>Geo C. Carson</b> (Degree or title) <b>Missouri Deputy Coroner</b>				22b. ADDRESS <b>6627 Park St 5000</b>			22c. DATE SIGNED <b>10-31-59</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		23b. DATE <b>10-30-59</b>	23c. NAME OF CEMETERY OR CREMATORY <b>South Point Cemetery</b>		23d. LOCATION (City, town, or county) <b>Orrick, Missouri</b>			
24. FUNERAL DIRECTOR <b>Geo. C. Carson &amp; Sons, Independence, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>10-30-59</b>		26. REGISTRAR'S SIGNATURE <b>James Craig</b>		

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

DEC 2 1959

MAY 31 1962

**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 *R. Kenneth Patterson*

Licensed Embalmer No. 4697  
P. O. Address Indep 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.