

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

-60-033736  
STATE FILE NUMBER

FILED VS OCT 13 1960

Registration District No. 13 Primary Registration District No. 300.3 Registrar's No. 114

5. 300  
1-57  
51

1. PLACE OF DEATH a. COUNTY <b>Barry</b>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Barry</b>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <b>Monett</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>St. Vincent's Hospt.</b>		Length of stay in 1b <b>4 days</b>	d. STREET ADDRESS <b>2051 306 6th.</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Lyle</b> Middle <b>Lenor</b> Last <b>Armstrong</b>			4. DATE OF DEATH Month <b>Oct.</b> Day <b>3</b> Year <b>1960</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>1-1-1885</b>	9. AGE (In years last birthday) <b>75</b>	IF UNDER 1 YEAR Months <b>9</b> Days <b>2</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>YardMaster</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Rock Island R.R.</b>	11. BIRTHPLACE (City and state or country) <b>Wichita Falls Texas</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
13a. FATHER'S NAME <b>James Armstrong</b>		13b. MOTHER'S MAIDEN NAME <b>Alma Schelin</b>		14. NAME OF HUSBAND OR WIFE <b>Pearl Armstrong</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>707-16-3755</b>		17. INFORMANT Address <b>Mrs. Pearl Armstrong Monett, Mo.</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>Cerebral Hemorrhage</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <b>Hypertension</b> DUE TO (c) <b>331X</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH <b>7 days</b> <b>?</b>
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. Month, Day, Year _____					
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 <b>Sept 29</b> to <b>Oct 1</b> and last saw <sup>her</sup> / <sub>him</sub> alive on <b>Oct 2</b> Death occurred at <b>1:25 A.</b> m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <b>[Signature]</b> (Degree or title)			22b. ADDRESS <b>Monett Mo</b>		22c. DATE SIGNED <b>10-5-60</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Oct. 5, 1960</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Pierce City, Cemetery</b>		23d. LOCATION (City, town, or county) (State) <b>Pierce City, Missouri</b>
24. FUNERAL DIRECTOR <b>Mercer Funeral Home Monett, Mo.</b>		ADDRESS		25. DATE RECD. BY LOCAL REG. <b>10-8-60</b>	26. REGISTRAR'S SIGNATURE <b>Mrs P.N. Cook</b>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

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OCT 26 1960

Rec. 10-12-60

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 Roy H. Mercer .....

Licensed Embalmer No. 4432.....

: P. O. Address Monett, Missouri

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.