

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001214

FILED VS FEB 8 1961

8 1961

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 386

STATE FILE NUMBER

AMENDED

1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Lafayette					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 7 Das.		c. CITY OR TOWN Odessa		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Research Hospt.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 527 S. Russell		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>		
3. NAME OF DECEASED (Type or print) First Middle Last William Tyree Armstrong				4. DATE OF DEATH Month Day Year Jan. 23, 1961					
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 3-6-88	9. AGE (last birthday) 72	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) Retired Farmer			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Odessa, Mo.		12. CITIZEN OF WHAT COUNTRY		
13a. FATHER'S NAME Pitzer M. Armstrong			13b. MOTHER'S MAIDEN NAME Elizabeth L. Anderson			14. NAME OF HUSBAND OR WIFE Virginia Armstrong			
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 Address Virginia Armstrong, Odessa, 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) <i>Cardiac Decompensation</i> DUE TO (b) <i>Coronary Arterio Sclerosis</i> DUE TO (c) <i>Generalized Arterio Sclerosis</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 weeks</i>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal illness (Specify in Part I or Part II) <i>Chronic Myocardial Infarction - Multiple Arterial Hypertension - Immune Pneumonia</i>					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 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 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 <i>Jan 9 1951</i> to <i>Jan 23 1961</i> and last saw him alive on <i>Jan 23 1961</i> Death occurred at <i>4:12 P.M.</i> on the date stated above, and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Degree or title) <i>Carl R. Ferris M.D.</i>				22b. ADDRESS <i>535 Argyle Bldg Kansas City 6 MO</i>			22c. DATE SIGNED <i>Jan 24, 1961</i>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>Jan. 24, 1961</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Odessa Cemetery</i>		23d. LOCATION (City, town, or county) <i>Odessa, Mo.</i>				
24. FUNERAL DIRECTOR <i>Husman-Sparks, Odessa, Mo.</i>				25. DATE RECD. BY LOCAL REG. <i>1-24-61</i>		26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Carl R. Ferris

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DATE AMENDED

FEB 17 1961

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 William T. Sparks
Licensed Embalmer No. 4431

P. O. Address Odessa, W.

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.