

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-039435

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 195 Primary Registration District No. _____ Registrar's No. 69-62

STATE FILE NUMBER

VS 300
Rev. 4/59

3600

3600

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9420.1

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

USE BLACK INK OR TYPEWRITER RIBBON

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>McDONALD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>McDONALD</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>GOODMAN</u>		Length of stay in lb	c. CITY OR TOWN <u>GOODMAN</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>HOME</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>GOODMAN</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>THOMAS</u> Middle <u>HENRY</u> Last <u>ARMSTRONG</u>			4. DATE OF DEATH Month <u>10</u> Day <u>14</u> Year <u>1962</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/5/1880</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. OIL FIELD WORKER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>OIL WELLS</u>	9. AGE (last birthday) <u>82</u>
13a. FATHER'S NAME <u>JULIUS ARMSTRONG</u>		13b. MOTHER'S MAIDEN NAME <u>NANCY KUYKENDALL</u>	11. BIRTHPLACE (City and state or country) <u>PARKER Co, TEXAS</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA ARMSTRONG</u>	
17. INFORMANT Address <u>LAURA ARMSTRONG GOODMAN, Mo.</u>			12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: <u>Not Immediate Cause (a) PT. Died during sleep from Apparent Natural Causes, Possible Coronary Occlusion</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last (b) <u>Investigated By CURT BRADLEY, Deputy Coroner</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (e) 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 INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>			
19. WAS AUTOPSY PERFORMED? YES <input 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 _____, to _____ and last saw her/him alive on _____ Death occurred at <u>5:00 AM</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <u>Mary A. Bradley Registrar</u>		22b. ADDRESS <u>Lincolville, Mo</u>	22c. DATE SIGNED <u>10/14/62</u>
23a. BURIAL, CREATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>10/16/62</u>	23c. NAME OF CEMETERY OR CREMATORY <u>PEACE VALLEY CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>ANDERSON Mo.</u>
24. FUNERAL DIRECTOR ADDRESS <u>DOUG MOONEY FUNERAL HOME</u>		25. DATE RECD. BY LOCAL REG. <u>10/18/62</u>	26. REGISTRAR'S SIGNATURE <u>Mary A. Bradley</u>

795

STATE OF MISSOURI

Permit issued 10-15-62

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 Douglas G. Mooney, Student Embalmer No. 668

working under my personal supervision.

Student Douglas G. Mooney
Signature of Student Embalmer

Signed Wayne A. Woodard

Licensed Embalmer No. 5172

P. O. Address Mo., 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.