

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015373

STATE FILE NUMBER

FILED APR 22 1958

Registration District No. 297 Primary Registration District No. 6022 Registrar's No. 33

S. 300
1-57

890

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

1. PLACE OF DEATH a. COUNTY <u>RAY</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>RAY</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <u>Richmond</u> 08910 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MEMORIAL Hospital</u> RAY COUNTY Length of stay in 1b <u>50 YEARS</u>		d. STREET ADDRESS (If outside, give location) <u>327 South Wellington</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED First Middle Last <u>JASPER BROOKS ARMSTRONG SR.</u>			4. DATE OF DEATH Month Day Year <u>APRIL 12 1958</u>
5. SEX <u>0</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>NOVEMBER 2, 1872</u>
9. AGE (In years last birthday) <u>85</u>		IF UNDER 1 YEAR Months Days Hours Min. <u>5 10</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>COAL MINES</u>	11. BIRTHPLACE (City and state or country) <u>FIVEPOINTS, CALIFORNIA, MISSOURI</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>JAMES ARMSTRONG</u>	
13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>RUBY JANE ARMSTRONG</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO NONE</u>		16. SOCIAL SECURITY NO. <u>495-07-7526</u>	17. INFORMANT Address <u>Jasper Armstrong Jr. Richmond Missouri</u>
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>CONGESTIVE HEART DISEASE 4 day</u> DUE TO (b) <u>ARTERIO-SCLEROSIS</u> DUE TO (c) <u>4500</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			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 a.m. p.m.		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 <u>April 10-58</u> to <u>April 12-58</u> and last saw him alive on <u>4-12-58</u> . Death occurred at <u>11:50 P.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Maluel Jackson</u>		22b. ADDRESS <u>Richmond Mo</u>	22c. DATE SIGNED <u>4-14-58</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	23b. DATE <u>APRIL 15, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>SUNNY SLOPE CEMETERY</u>	23d. LOCATION (City, town, or county) (State) <u>RICHMOND MISSOURI</u>
24. FUNERAL DIRECTOR ADDRESS <u>QUEST-LIFE FUNERAL HOME RICHMOND, MISSOURI</u>		25. DATE RECD. BY LOCAL REG. <u>4-19-1958</u>	26. REGISTRAR'S SIGNATURE <u>Maluel Jackson</u>

MAY 19 1958

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 

Licensed Embalmer No. *4016*

P. O. Address *Bellevue, 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.