

State File No. **23914**

WRITE PLAINLY--USING UNFADING BLACK INK--MAKE A PERMANENT RECORD

BIRTH NO.		REG. DIST. NO. <u>171</u>		PRIMARY REG. DIST. NO. <u>5637</u> Registrar's No.	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)	
a. COUNTY <u>Lafayette</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Lafayette</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay Twp</u>		c. LENGTH OF STAY (in this place) <u>70y 8mo 26d</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural - Clay Twp. 0540</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4mi. N. Odessa Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>4mi. N. Odessa Mo.</u>	
3. NAME OF DECEASED (Type or Print)		a. (First) <u>Carson</u>		b. (Middle) <u>Sibney</u>	
c. (Last) <u>Armstrong</u>		4. DATE OF DEATH		(Month) (Day) (Year)	
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married 1</u>	
8. DATE OF BIRTH <u>Oct. 13-1879</u>		9. AGE (In years last birthday) <u>70</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>26</u>	
11. BIRTHPLACE (State or foreign country) <u>Lafayette Co. Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>Joseph Armstrong</u>	
14. MOTHER'S MAIDEN NAME <u>Amanda Sibney</u>		15. NAME OF HUSBAND OR WIFE <u>Lucy Armstrong</u>		16. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
17. SOCIAL SECURITY NO. <u>No</u>		18. INFORMANT'S SIGNATURE OR NAME <u>Lucy Armstrong</u>		ADDRESS <u>Odessa Mo</u>	
19. CAUSE OF DEATH		20. MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES ☐ NO ☐	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?	
22. I hereby certify that I attended the deceased from <u>11 Aug</u> , 19 <u>48</u> , to <u>9 July</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>7 July</u> , 19 <u>50</u> , and that death occurred at <u>8:30</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Geo. Ward md</u>		(Degree or title)		23b. ADDRESS <u>Lexington Mo.</u>	
23c. DATE SIGNED <u>7-10-50</u>		24a. BURIAL (CREMATION REMOVAL) (Specify) <u>Buried</u>		24b. DATE <u>July 11-1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Greentown Cem.</u>		24d. LOCATION (City, town, or county) <u>Lafayette</u>		(State) <u>Mo.</u>	
DATE REC'D BY LOCAL REG. <u>7/10/50</u>		REGISTRAR'S SIGNATURE <u>Emma Davidson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Levin</u>	
		ADDRESS <u>153</u>			

RECEIVED 7-19
DISTRICT HEALTH OFFICE No. 1
District File Number _____
Date Filed 7-17-52

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
Student Embalmer

Signed Horace Blumise

Licensed Embalmer No. 2758

P. O. Address Odessa, Tex

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 this body is not embalmed, fact should be so stated above.