

FILED AUG 23 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 27988
6905

BIRTH NO.		REG. DIST. NO. 318		PRIMARY REG. DIST. NO. 1003		Registrar's No.				
1. PLACE OF DEATH a. COUNTY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Ohio				b. COUNTY (8341)		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Louis, Mo.				c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lake View (near Bellefontaine)				
d. FULL NAME OF HOSPITAL OR INSTITUTION Railroad Men's Y. M. C. A.				d. STREET ADDRESS (If rural, give location) R. D. #1						
3. NAME OF DECEASED (Type or Print) a. (First) Charles D.			b. (Middle) Clinton			c. (Last) Armstrong			4. DATE OF DEATH (Month) (Day) (Year) Aug. 13, 1950	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH May-22-1879		9. AGE (In years last birthday) 71		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Ass't Sec.			10b. KIND OF BUSINESS OR INDUSTRY R.R.Y. M. C. A.			11. BIRTHPLACE (State or foreign country) Ohio		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME David Armstrong			13b. MOTHER'S MAIDEN NAME Hannah White			14. NAME OF HUSBAND OR WIFE Zelia Armstrong				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No			16. SOCIAL SECURITY NO. 292-22-4211			17. INFORMANT'S SIGNATURE OR NAME Zelia Armstrong			ADDRESS 1300 Cedar, Auglaize County, Ohio	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.										
MEDICAL CERTIFICATION										
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____										
ANTECEDENT CAUSES										
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.										
DUE TO (b) Coronary Occlusion										
DUE TO (c) Arterio sclerosis										
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 <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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 <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? 4/201				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 5:55 P. m., from the causes and on the date stated above.										
23a. SIGNATURE Gabriel B. Taylor, Deacon				23b. ADDRESS 1300 Cedar				23c. DATE SIGNED 8-14-50		
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE 8-14-1950		24c. NAME OF CEMETERY OR CREMATORY Bellefontaine, Ohio		24d. LOCATION (City, town, or county) (State) Bellefontaine, Ohio				
DATE REC'D BY LOCAL AUG-14-1950		REGISTRAR'S SIGNATURE J. B. Pasater			25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS Alexander Louis					

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

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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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Geo. E. McCulloch
Licensed Embalmer No. 2960

P. O. Address 6175 Palma

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.