

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 41276

FILED JAN 8 1951

BIRTH NO.		REG. DIST. NO. 159		PRIMARY REG. DIST. NO. 4249		Registrar's No. 72	
1. PLACE OF DEATH a. COUNTY Jefferson				2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission) a. STATE Mo. b. COUNTY Jefferson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		c. LENGTH OF STAY (In this place) 4 Mos.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hillsboro		0500	
d. FULL NAME OF HOSPITAL OR INSTITUTION Cedar Grove Nursing Home				d. STREET ADDRESS (If rural, give location) Cedar Grove Nursing Home			
3. NAME OF DECEASED (Type or Print) Mary		a. (First) M. b. (Middle) c. (Last) Armstrong		4. DATE OF DEATH Dec. 20th, 1950			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH Jan. 2, 1858	
9. AGE (In years last birthday) 92		IF UNDER 1 YEAR Months Days		IF UNDER 1 YEAR Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Home				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Western Port, Md. /	
12. CITIZEN OF WHAT COUNTRY? U.S.A.							
13a. FATHER'S NAME James Hughes		13b. MOTHER'S MAIDEN NAME Mary C. Weiss		14. NAME OF HUSBAND OR WIFE William			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Jeanette Stedman, 3931 Junata			
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma squamous involving entire scalp. 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. Senility.				INTERVAL BETWEEN ONSET AND DEATH 1 year + 191X 2 years.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from Aug 15, 1950, to Dec 20, 1950, that I last saw the deceased alive on Dec 15, 1950, and that death occurred at 10:55 A.M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Thomas A. Donnell MD		23b. ADDRESS Desoto, Mo.		23c. DATE SIGNED 12-20-50			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 21, 1950		24c. NAME OF CEMETERY OR CREMATORY New Picker Cemetery		24d. LOCATION (City, town, or county) (State) St. Louis, Mo.	
DATE REC'D BY LOCAL REG. 12-22-50		REGISTRAR'S SIGNATURE Hatchman		25. FUNERAL DIRECTOR'S SIGNATURE Hacker-Helduband Co., 3634 Gravois			

(Licensed Embalmer's Statement on Reverse Side)

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

Wacker-Heldule

3634 Harris

St. Louis 16, Mo.

JEFFERSON COUNTY HEALTH DEPT.

HILLSBORO, MISSOURI

DATE RECEIVED 1-4-51

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.....

*Frank J. Ryland Sr.*

Signed.....  
Student Embalmer

Licensed Embalmer No. *3665*

P. O. Address *St. Louis 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 this body is not embalmed, fact should be so stated above.