

No. 300
10.48

FILED MAR 19 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7288

State File No. 114

BIRTH NO. REG. DIST. NO. 15-155 PRIMARY REG. DIST. NO. 5576 Registrar's No. 310

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Barton	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nashville		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Nashville 0060	
c. LENGTH OF STAY (in this place) 70yrs		d. STREET ADDRESS (If rural, give location) C	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) LOTTIE			a. (First)			b. (Middle)			c. (Last) ARMSTRONG			4. DATE OF DEATH March 3, 1952 (Month) (Day) (Year)		
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5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH February 25, 1857		9. AGE (in years last birthday) 95		10. UNDER 1 YEAR Months 0 Days 8		11. BIRTHPLACE (State or foreign country) Indiana		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife				10b. KIND OF BUSINESS OR INDUSTRY At home				11. BIRTHPLACE (State or foreign country) Indiana				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Milton Ayers			13b. MOTHER'S MAIDEN NAME No data			14. NAME OF HUSBAND OR WIFE W.N. Armstrong		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Frank Armstrong		ADDRESS Nashville, Mo.	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION										INTERVAL BETWEEN ONSET AND DEATH	
<p>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart Disease										years	
		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 <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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) m.				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 at death, to _____, 19____, that I last saw the deceased alive on 3-3-52, 1952, and that death occurred at 9 A m., from the causes and on the date stated above.

23a. SIGNATURE W.H. Knott M.D.		(Degree or title)		23b. ADDRESS Jasper, Mo.		23c. DATE SIGNED 3-5-52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 5, 1952		24c. NAME OF CEMETERY OR CREMATORY Nashville Cem.		24d. LOCATION (City, town, or county) (State) Nashville, Missouri	
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DATE REC'D BY LOCAL REG. Mar 5 52		REGISTRAR'S SIGNATURE [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE He dee Lewis		ADDRESS Webb City, Mo.	
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(Licensed Embalmer's Statement on Reverse Side)

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

0060

RECEIVED 3-18-52
Jasper County Health Office

County File Number 52/3/210

Date Filed 3-18-52

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 Leonard J. Lewis 2.

Licensed Embalmer No. 4561

P. O. Address Will City, 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.