

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 21578

BIRTH NO. 10 1952

REG. DIST. NO. 301

PRIMARY REG. DIST. NO. 4451

Registrar's No. 295

## 1. PLACE OF DEATH

a. COUNTY

Ripley

## 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)

a. STATE

Mo.

b. COUNTY

Ripley

b. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Naylorc. LENGTH OF  
STAY (In this place)  
23 yrsc. CITY (If outside corporate limits, write RURAL and give township)  
OR  
TOWN Naylor

0910

d. FULL NAME OF  
HOSPITAL OR  
INSTITUTION Naylor, Mo.d. STREET  
ADDRESS (If rural, give location)  
none3. NAME OF  
DECEASED  
(Type or Print)

a. (First)

HERBERT

b. (Middle)

M.

c. (Last)

ARMSTRONG

4. DATE  
OF  
DEATH

(Month)

(Day)

(Year)

June 10 1952

## 5. SEX

male

## 6. COLOR OR RACE

white

7. MARRIED, NEVER MARRIED,  
WIDOWED, DIVORCED (Specify)

married

## 8. DATE OF BIRTH

Nov. 6, 1876

9. AGE (In years  
last birthday)

75

## 10. UNDER 1 YEAR

Months

## 11. UNDER 1 YEAR

Days

## 12. UNDER 1 YEAR

Hours

Min.

10a. USUAL OCCUPATION (Give kind of work  
done during most of working life, even if retired)

Retired

10b. KIND OF BUSINESS OR IN-  
DUSTRY

Farming

## 11. BIRTHPLACE (State or foreign country)

Missouri

0

12. CITIZEN OF WHAT  
COUNTRY?

USA

## 13a. FATHER'S NAME

unknown

## 13b. MOTHER'S MAIDEN NAME

unknown

## 14. NAME OF HUSBAND OR WIFE

Myrtle Armstrong

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.

none

## 17. INFORMANT'S SIGNATURE OR NAME ADDRESS

Myrtle Armstrong Naylor, Mo.

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 dis-  
ease, injury, or complica-  
tion which caused death.I. DISEASE OR CONDITION  
DIRECTLY LEADING TO DEATH\* (a)

Asphyxiation

INTERVAL BETWEEN  
ONSET AND DEATH

3 minutes

## ANTECEDENT CAUSES

Morbid conditions, if any, giving  
rise to the above cause (a) stating  
the underlying cause last.

DUE TO (b)

Cardiac Failure due to Coronary  
OcclusionAbout  
1 year

## II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not  
related to the disease or condition causing death.Adenocarcinoma of Stomach with  
Metastases19a. DATE OF OPERA-  
TION

None

## 19b. MAJOR FINDINGS OF OPERATION

None

4201 H

## 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)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 Jan. 13 1952, to June 10, 1952, that I last saw the deceased  
alive on June 10, 1952, and that death occurred at 4:30 p.m., from the causes and on the date stated above.

## 23a. SIGNATURE

(Degree or title)

## 23b. ADDRESS

## 23c. DATE SIGNED

J. L. Smith

D.O.

Box 328, Neelyville, Mo.

6/16/52

24a. BURIAL, CREMA-  
TION, REMOVAL (Specify)

burial

## 24b. DATE

June 13/52

## 24c. NAME OF CEMETERY OR CREMATORY

New Friendship

## 24d. LOCATION (City, town, or county)

Green County, Ark.

(State)

DATE REC'D BY LOCAL  
REG.

6-14-52

## REGISTRAR'S SIGNATURE

60 Johnson

277

## 25. FUNERAL DIRECTOR'S SIGNATURE

Richard O. Gorman

## ADDRESS

Corning, Ark

OCT 22 1956

### 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 Me

working under my personal supervision.

Student .....  
Student Embalmer

Signed Richard O. Emmer  
Student Embalmer No. 782

Licensed Embalmer No. 782

P. O. Address Corning, Ark

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.