U.S. No. 300
REV. 10-48

FILED JAN 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 525

BIRTH NO. _____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5176 Registrar's No. 1

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1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Highway 54
c. LENGTH OF STAY (In this place): Visiting
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Highway 54

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Illinois
b. COUNTY: Macon
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Decatur 8120
d. STREET ADDRESS (If rural, give location): 1255 E Johns

3. NAME OF DECEASED (Type or Print): a. (First) Walter b. (Middle) Ray c. (Last) Armstrong

4. DATE OF DEATH: (Month) Jan (Day) 2 (Year) 53

5. SEX: Male

6. COLOR OR RACE: Wht

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1

8. DATE OF BIRTH: Aug 21 1895

9. AGE (In years last birthday): 57 | IF UNDER 1 YEAR: Months / Days | IF UNDER 24 HRS.: Hours / Min.

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

10b. KIND OF BUSINESS OR INDUSTRY: Insurance

11. BIRTHPLACE (State or foreign country): Mt Zion Ill. 1

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: W— Armstrong

13b. MOTHER'S MAIDEN NAME: Anna Goffe

14. NAME OF HUSBAND OR WIFE: Agnes Rosiesky

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes | (If yes, give war or dates of service): War 1 & 2

16. SOCIAL SECURITY NO.: 381-16-1061

17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs W R Armstrong as above

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): Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 12 hrs

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

DUE TO (b): Many antecedent attacks Coronary Thrombosis

DUE TO (c):

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: None

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): Camdenton Camden Mo.

21d. TIME OF INJURY (Month) (Day) (Year) (Hour): No injury m.

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 2 19 53, *to* _____ 19____, *that I last saw the deceased alive on* Jan 2 19 53, *and that death occurred at* 11:00 A *m., from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D.O.

23b. ADDRESS: Camdenton Mo.

23c. DATE SIGNED: 1-2-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal & Burial

24b. DATE: Jan. 5-1953

24c. NAME OF CEMETERY OR CREMATORY: Calvary Cemetery Jan 5

24d. LOCATION (City, town, or county) (State): Decatur, Ill

DATE REC'D BY LOCAL REG.: Jan 2-1953

REGISTRAR'S SIGNATURE: Gilpha Draw, 4-0

25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: J J Moran & Son Decatur Ill

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 16 1953

APR 14 1954

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 Abbie Bankston Woolsey

Licensed Embalmer No. 2488

P. O. Address Dam Denton 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.