

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **13290**

FILED MAY 11 1953
BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 523

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Andrew	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Amazonia	
c. LENGTH OF STAY (in this place) 1 day		d. STREET ADDRESS (If rural, give location) /	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Joseph's Hospital			

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) M c. (Last) ARMSTRONG			4. DATE OF DEATH (Month) (Day) (Year) May 3, 1953		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Apr. 16 1884	9. AGE (In years last birthday) 69	IF UNDER 1 YEAR Months Days IF UNDER 4 HRS. Hours Mins.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Blacksmith		10b. KIND OF BUSINESS OR INDUSTRY Own	11. BIRTHPLACE (City and State or Foreign Country) Kentucky		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Edward Armstrong	13b. MOTHER'S MAIDEN NAME Susan E. Thompson	14. NAME OF HUSBAND OR WIFE Emma 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. none	17. INFORMANT'S SIGNATURE OR NAME Mrs. Emma Armstrong	ADDRESS Amazonia Mo.
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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		INTERVAL BETWEEN ONSET AND DEATH 8-10 HRS
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) BURN, 10th, 12th & 3rd degree gen.		
	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 002 E9160 16	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT (Specify) SHOULD BE HOME	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Amazonia Andrew Mo
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 5 2-53 6^{PM}	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Put kerosene on fire
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22. I hereby certify that I attended the deceased from **5-2-1953**, to **5-3-1953**, that I last saw the deceased alive on **5/2nd**, 1953, and that death occurred at **4:15 A. m.**, from the causes and on the date stated above.

23a. SIGNATURE M. E. Grimes M.D. (Degree or title)	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 5-4-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE May 5, 1953	24c. NAME OF CEMETERY OR CREMATORY Shland Cemetery	24d. LOCATION (City, town, or county) (State) St. Joseph Missouri
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DATE REC'D BY LOCAL REG. May 7, 1953	REGISTRAR'S SIGNATURE Kathleen M. Allison	25. FUNERAL DIRECTOR'S SIGNATURE Stanley T. ... ADDRESS St. Joseph Mo.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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 Charles J. Bennett

Licensed Embalmer No. 4622

P. O. Address St. Joseph, 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.