

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

FILED JUL 28 1953

STANDARD CERTIFICATE OF DEATH

23812
State File No. 113

BIRTH NO. REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002 Registrar's No. 113

1. PLACE OF DEATH a. COUNTY Audrain		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY 7	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Mexico		c. CITY (If outside corporate limits, write RURAL and give township) 8159 OR TOWN Kansas City	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION: Audrain Hospital Walnut		d. STREET ADDRESS (If rural, give location) 36. 427 New Jersey St.	

3. NAME OF DECEASED (Type or Print) a. (First) SAM		b. (Middle)		c. (Last) ARMSTRONG		4. DATE OF DEATH (Month) (Day) (Year) July 23, 53	
5. SEX Male 2	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Feb. 1, 1905		9. AGE (In years last birthday) 48	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (State or foreign country) Trips, Arkansas		12. CITIZEN OF WHAT COUNTRY? U.S.A.	

13a. FATHER'S NAME William Armstrong		13b. MOTHER'S MAIDEN NAME Virginia Banks		14. NAME OF HUSBAND OR WIFE Cora 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. 430-14-2603		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Cora Armstrong, Dermott, Ark.	

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
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Inquest with Jury. accident		
	ANTECEDENT CAUSES by being struck by Burlington train DUE TO (b) # 65, in G.M.O. yards in Mexico, Mo. from hemorrhage DUE TO (c) and shock. Death at Audrain Hospital on arrival.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad right of way, Mexico, Audrain, Mo.		21c. (CITY, TOWN, OR TOWNSHIP) 139 (COUNTY) (STATE)	
21d. TIME (Month) (Day) (Year) (Hour) OF INJURY July 23, 53 1:14 A		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Being Struck by train,	

22. I hereby certify that I attended the deceased from Coroners, base to _____, 19____, that I last saw the deceased ~~John~~ died July 23, 1953 that death occurred at 1:55 Am from the causes and on the date stated above.

23a. SIGNATURE S. C. Adams M. H. Coroner		23b. ADDRESS Mexico, Mo.		23c. DATE SIGNED July 23, 53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE July 27, 53		24c. NAME OF CEMETERY OR CREMATORY McGehee		24d. LOCATION (City, town, or county) (State) McGehee, Arkansas	
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DATE REC'D BY LOCAL REG. July 25-1953		REGISTRAR'S SIGNATURE Blanche Neely		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Earl E. Pugh, Mexico, Mo	
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(Licensed Embalmer's Statement on Reverse Side)

JUL 29 1953

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 Billy Jack Skinner

Licensed Embalmer No. 4784

P. O. Address Mexico, 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.