

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **2250**

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| FILED FEB 8 1954 | | REG. DIST. NO. <u>274</u> | | PRIMARY REG. DIST. NO. <u>3052</u> | | Registrar's No. <u>78</u> | |
| 1. PLACE OF DEATH a. COUNTY Pettis | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Pettis | | | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | c. LENGTH OF STAY (in this place) 60 yrs. | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sedalia | | d. STREET ADDRESS (If rural, give location) 308 East Howard | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 634 East 15th., St. | | | | | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) MARY | | b. (Middle) SOPHIE | | c. (Last) ARMSTRONG | | 4. DATE OF DEATH (Month) (Day) (Year) February 3, 1954 | |
| 5. SEX F | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Oct. 8, 1865 | |
| 9. AGE (In years last birthday) 88 | | 10. IF UNDER 1 YEAR Months Days | | 11. IF UNDER 2 HRS. Hours Min. | | 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 Own Home | | 11. BIRTHPLACE (City and State or Foreign Country) Indiana | | | |
| 13a. FATHER'S NAME Sylvester Downs | | 13b. MOTHER'S MAIDEN NAME Jane Taylor | | 14. NAME OF HUSBAND OR WIFE William Armstrong (dec) | | | |
| 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 John Yates, New Lebanon, 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, asphyxia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial infarction 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. INTERVAL BETWEEN ONSET AND DEATH 4 days | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 4-201 | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 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 from 31 Jan , 1954, to 3 Feb , 1954, that I last saw the deceased alive on 3 Feb , 1954, and that death occurred at 5:52 p.m. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE Donald C. Proctor M.D. (Degree or title) | | | | 23b. ADDRESS 418 1/2 South Ohio, Sedalia, Mo. | | 23c. DATE SIGNED 5 Feb 1954 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 24b. DATE Feb. 6, 1954 | | 24c. NAME OF CEMETERY OR CREMATORY New Lebanon Cem. | | 24d. LOCATION (City, town, or county) (State) New Lebanon, Mo. | |
| DATE REC'D BY LOCAL REG. 2/5/1954 | | REGISTRAR'S SIGNATURE W. J. Campbell M.D. | | 25. FUNERAL DIRECTOR'S SIGNATURE Sevier Post ADDRESS Sedalia, Mo. | | | |
| (Licensed Embalmer's Statement on Reverse Side) | | | | | | | |

GILLESPIE FUNERAL HOME

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

Russell C. Maag

Licensed Embalmer No.

4804

P. O. Address

Sedalia, 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.