No. 300
10-48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7519

FILED MAR 15 1954

BIRTH NO. _____ REG. DIST. NO. 348 PRIMARY REG. DIST. NO. 6173 Registrar's No. 28

1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osgood Bourbon
c. LENGTH OF STAY (In this place) Life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) 3 mile East of Osgood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE Mo
b. COUNTY Sullivan 1050
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Osgood Rural 0
d. STREET ADDRESS (If rural, give location) 3 mile East of Osgood

3. NAME OF DECEASED (Type or Print) a. (First) EDWARD b. (Middle) LESLIE c. (Last) ARMSTRONG

4. DATE OF DEATH (Month) (Day) (Year) 3-8-1954

5. SEX M

6. COLOR OR RACE W

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

8. DATE OF BIRTH 8-25-1876

9. AGE (In years last birthday) 77 | 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) Farmer

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and State or Foreign Country) Reno C. Kans. 1

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Jacob Armstrong

13b. MOTHER'S MAIDEN NAME Mary Smedley

14. NAME OF HUSBAND OR WIFE Mary L. Armstrong

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

16. SOCIAL SECURITY NO.

17. INFORMANT'S SIGNATURE OR NAME ADDRESS Miss Nellie Armstrong Osgood 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardeto Chronic — INTERVAL BETWEEN ONSET AND DEATH 4

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arterio Sclerosis — 7

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 4221

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) 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* 1-1-, 1954, *to* 3-8-, 1954, *that I last saw the deceased alive on* 3-1-, 1954, *and that death occurred at* 7:15 p.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) W.C. Weston M.D.

23b. ADDRESS Galt, Mo.

23c. DATE SIGNED 3-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 3-11-1954

24c. NAME OF CEMETERY OR CREMATORY Camp Ground

24d. LOCATION (City, town, or county) (State) Osgood Mo

DATE REC'D BY LOCAL REG. March 12

REGISTRAR'S SIGNATURE Grita Caldwell

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS P.K. Payne & Son Galt Mo

(Licensed Embalmer's Statement on Reverse Side)

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 P K Payne Jr.

Licensed Embalmer No. 3400

P. O. Address Galt

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.