

FILED APR 19 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11591**
Registrar's No. **54-28**

BIRTH NO. _____		REG. DIST. NO. 93		PRIMARY REG. DIST. NO. 4153		Registrar's No. 54-28	
1. PLACE OF DEATH a. COUNTY Dade				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Dade			
b. CITY OR TOWN Lockwood		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN Lockwood		0290	
d. FULL NAME OF HOSPITAL OR INSTITUTION Lockwood Hospital				d. STREET ADDRESS (If rural, give location) _____			
3. NAME OF DECEASED (Type or Print) a. (First) Heley		b. (Middle) Edward		c. (Last) Armstrong		4. DATE OF DEATH (Month) (Day) (Year) 4-7-1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH 2-18-1884	
9. AGE (in years last birthday) 70		10. MONTHS 1		11. DAYS 20		12. IF UNDER 1 YEAR Hours Min. 1 20	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired Farmer		11. BIRTHPLACE (State or foreign country) Pingo Co. Ark.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Daniel Armstrong		13b. MOTHER'S MAIDEN NAME Anneline Harold		14. NAME OF HUSBAND OR WIFE Louella Armstrong			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Louella Armstrong Lockwood 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) Myocardial Infarction ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Arteriosclerosis 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 1 wk 3 yrs	
19a. DATE OF OPERATION _____		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) 4201			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) _____		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 11-9 , 195 4 , to 4-6 , 195 4 , that I last saw the deceased alive on 4-5 , 195 4 , and that death occurred at 9:00 A.M. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) Beck M. Neel MD				23b. ADDRESS Greenfield Mo		23c. DATE SIGNED 4-14-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 4-9-1954		24c. NAME OF CEMETERY OR CREMATORY Pennsboro		24d. LOCATION (City, town, or county) (State) M. J. Miller Mo.	
DATE REC'D BY LOCAL REG. 4-14-54		REGISTRAR'S SIGNATURE J. C. Canada		25. FUNERAL DIRECTOR'S SIGNATURE Morris Leiman		ADDRESS Miller Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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 _____

Licensed Embalmer No. 3297

P. O. Address Miller 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.