

FILED MAY 21 1954

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH 1908

State File No. 16802

BIRTH NO.		REG. DIST. NO. 272		PRIMARY REG. DIST. NO. 15		Registrar's No. 16	
1. PLACE OF DEATH a. COUNTY <u>Demarcat</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Demarcat</u>			
b. CITY (If outside corporate limits, write RURAL, and give township) <u>Hermandale</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL, and give township) <u>Hermandale</u>		d. STREET ADDRESS (If rural, give location) <u>10780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u>			b. (Middle) <u>Armstrong</u>		c. (Last) <u>Hermandale</u>		
4. DATE OF DEATH (Month) (Day) (Year) <u>5-16-54</u>							
5. SEX <u>M</u>	6. COLOR OR RACE <u>Col</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	8. DATE OF BIRTH <u>unknown abt 62</u>		9. AGE (In years, months, days, hours, min.) <u>abt 62</u>		10. IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm Laborer</u>		11. BIRTHPLACE (State or foreign country) <u>Barrie, Ia</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Henry Armstrong</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Scott</u>		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>NO</u>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Hattie Mae Lamber, Hermandale</u>			ADDRESS
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			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)				<u>NO medical aid</u>			
ANTECEDENT CAUSES				DUE TO (b) <u>NO foul play</u>			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (c) <u>Natural death</u>			
II. OTHER SIGNIFICANT CONDITIONS				<u>Causing severe pain</u>			
Conditions contributing to the death but not related to the disease or condition causing death							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>1955</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)		21d. (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>10:20 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>L. J. Johnson</u>				(Degree or title)		23b. ADDRESS <u>Local Business Steele, Mo</u>	
23c. DATE SIGNED <u>5-17-54</u>							
24a. SERIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>5-17-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Holly Grove</u>		24d. LOCATION (City, town, & county) (State) <u>Steele, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5-17-54</u>		REGISTRAR'S SIGNATURE <u>L. J. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Hermandale</u>		ADDRESS <u>Steele, Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

300  
48

5-107-54

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

MAY 20 1954

---

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.....

*Not Embalmed*

.....  
working under my personal supervision.

Student Embalmer No.....

Signed.....

Signed.....  
Student Embalmer

Licensed Embalmer No.....

P. O. Address.....

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

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