

FILED JUL 20 1954

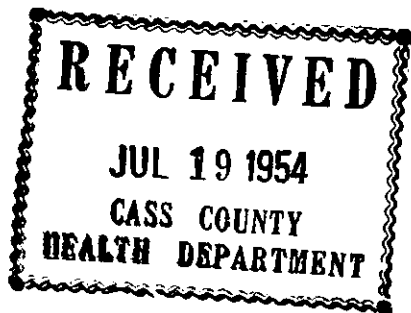
STANDARD CERTIFICATE OF DEATH

State File No. 22397

BIRTH NO. _____		REG. DIST. NO. <u>59</u>		PRIMARY REG. DIST. NO. <u>5-219</u>		Registrar's No. <u>118</u>	
1. PLACE OF DEATH a. COUNTY <u>Cass</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Cass</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Harrisonville, Corp. Branch</u>		c. LENGTH OF STAY (in this place) <u>8 yrs.</u>		c. CITY OR TOWN <u>Harrisonville</u>		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☒	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 1/2 miles East - 2 miles South</u>				e. STREET ADDRESS (If rural, give location) <u>6 1/2 miles East - 2 miles South</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Adelia</u>		b. (Middle) <u>Bronough</u>		c. (Last) <u>Armstrong</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7 14 1954</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Jan. 18, 1879</u>	
9. AGE (In years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Strasburg, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Benjamin West</u>		13b. MOTHER'S MAIDEN NAME <u>Alice Jones</u>		14. NAME OF HUSBAND OR WIFE <u>Chas. Armstrong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mar. Chas. Armstrong Harrisonville, Mo.</u>			
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) <u>CARDIAC DECOMPRESSION</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>CHR. MYOCARDITIS</u> DUE TO (c) <u>ARTERIAL HYPERTENSION</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>443X</u>	
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)			
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 <u>7-25</u> , 19 <u>52</u> , to <u>7-14</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>7-14</u> , 19 <u>54</u> , and that death occurred at <u>6:30</u> p.m., from the causes and on the date stated above.							
23. SIGNATURE <u>David H. Long M.D.</u> (Degree or title)				23b. ADDRESS <u>Harrisonville, Mo.</u>		23c. DATE SIGNED <u>7-15-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 16, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Garden City Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Garden City, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>July 16, 1954</u>		REGISTRAR'S SIGNATURE <u>Dora Barnard</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Atkinson & Dickie Garden City, Mo.</u>			

(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.....
Signature of Student Embalmer

Signed *Birney J. Shickley*
Licensed Embalmer No. *468*
P. O. Address *Indian City*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.