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

FILED MAR 6 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 7823

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 3076 Registrar's No. 39

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Nevada
c. LENGTH OF STAY (In this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 1403 N. Main

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Vernon
c. CITY OR TOWN: Nevada
d. Is Residence within limits of a city or incorporated town? Yes [X] No [ ]
e. STREET ADDRESS (If rural, give location): 1021 E. Locust

1080

3. NAME OF DECEASED (Type or Print)
a. (First): Mable
b. (Middle): (NMI)
c. (Last): Armstrong

4. DATE OF DEATH (Month) (Day) (Year): Feb. 14, 1956

5. SEX: F
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 9, 1884
9. AGE (In years last birthday): 72 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and State or Foreign Country): Riley, Kansas
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Allison Phillips
13b. MOTHER'S MAIDEN NAME: Sametha Gibson
14. NAME OF HUSBAND OR WIFE: Perry Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME: Mrs Raymond Shindler
ADDRESS: Nevada, 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) Myocarditis — INTERVAL BETWEEN ONSET AND DEATH: about one year

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.* Influenza followed by Bronchio-Pneumonia — 3 weeks.

19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION: none.
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20. AUTOPSY? YES [ ] NO [X]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): no
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): none
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Nevada - Vernon - Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): none m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: none

22. *I hereby certify that I attended the deceased from* _____, 19___, *to* Feb 14, 1956 *that I last saw the deceased alive on* Feb 14, 1956 *and that death occurred at* 4 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE: W S Love MD (Degree or title)
23b. ADDRESS: Nevada Mo
23c. DATE SIGNED: 2-22-56.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 2-18-56
24c. NAME OF CEMETERY OR CREMATORY: Deepwood Cemetery
24d. LOCATION (City, town, or county) (State): Nevada, Missouri

DATE REC'D BY LOCAL REG.: 9-27-1956
REGISTRAR'S SIGNATURE: Anna E. Fergy 451
25. FUNERAL DIRECTOR'S SIGNATURE: Richard L. Shorten
ADDRESS: Nevada 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 em

by me, ~~or by~~ ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Lawrence O. Gerlic

Licensed Embalmer No.....4

P. O. Address..Nevada

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.