

FILED APR 3- 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **9895**

BIRTH NO. _____		REG. DIST. NO. 230		PRIMARY REG. DIST. NO. 5810		Registrar's No. 94	
1. PLACE OF DEATH a. COUNTY Montgomery				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Montgomery			
b. CITY (If outside corporate limits, write RURAL and give township) Rural Loutre		c. LENGTH OF STAY (in this place) 27 yrs.		c. CITY OR TOWN		d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐	
d. FULL NAME OF HOSPITAL OR INSTITUTION Mc Kittrick, RFD Mo.				e. STREET ADDRESS (If rural, give location) Mc Kittrick, RFD Mo. 0700			
3. NAME OF DECEASED (Type or Print) Joseph		a. (First)		b. (Middle)		c. (Last) Armstrong	
4. DATE OF DEATH 3 28 1956		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH Mar. 22, 1885		9. AGE (In years last birthday) 71		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Washington, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME John G. Armstrong		13b. MOTHER'S MAIDEN NAME Martha Johnson		14. NAME OF HUSBAND OR WIFE Mrs. Augusta Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. 498-09-6447		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Gilpin Armstrong, St. Louis, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chor Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Edema of lungs DUE TO (c) Congestive Heart failure II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1958 4 months	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4222				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 Feb 1, 1954 to 3/28, 1956 that I last saw the deceased alive on Mar 28 1956 , and that death occurred at 11 P. m. , from the causes and on the date stated above.							
23a. SIGNATURE E. C. Johnson M.D.				23b. ADDRESS Marthasville Mo		23c. DATE SIGNED 3/30/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-31-56		24c. NAME OF CEMETERY OR CREMATORY Loutre Island Cem.		24d. LOCATION (City, town, or county) (State) Mc Kittrick, RFD Mo.	
DATE REC'D BY LOCAL REG March 31, 1956		REGISTRAR'S SIGNATURE Mrs. Eunice Bush		FUNERAL DIRECTOR'S SIGNATURE Hugo H. Dummer		ADDRESS Hermann, 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
Signature of Student Embalmer

Signed

Chas H Pope

Licensed Embalmer No. 2552

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