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Disease, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be stated. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27968

STATE FILE NUMBER

FILED SEP 12 1956

Registration District No. 201

Primary Registration District No. 6041

Registrar's No. 642

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Ripley</b>							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Naylor</b>				Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Naylor</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Home</b>				Length of stay in lb		d. STREET ADDRESS (If outside, give location) <b>None</b>				Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>MYRTLE</b> Middle <b>MAE</b> Last <b>ARMSTRONG</b>				4. DATE OF DEATH Month <b>Aug</b> Day <b>11</b> Year <b>1956</b>							
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Dec. 26, 1886</b>		9. AGE (In years last birthday) <b>69</b>		IF UNDER 1 YEAR Month <b>7</b> Days <b>15</b> Hours <b>Min.</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Farmer</b>		11. BIRTHPLACE (City and state or country) <b>Union City, Tenn.</b>				12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13. FATHER'S NAME <b>Arthur A. Anderson</b>				14. MOTHER'S MAIDEN NAME <b>Elizabeth Willians</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>				16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT Address <b>James K. Armstrong Naylor, Mo.</b>					
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Acute coronary Occlusion</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. <b>Arteriosclerotic Heart Disease</b> DUE TO (b) <b>Advanced Age</b> DUE TO (c) <b>Advanced Age</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <b>4200</b>										INTERVAL BETWEEN ONSET AND DEATH <b>2 hours</b> <b>Unknown</b>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>				20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)							
20c. TIME OF INJURY Hour <b>5:30</b> Month <b>July</b> Day <b>24</b> Year <b>1956</b> a. m. <b>5:30</b> p. m.											
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>				20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)				20f. CITY, TOWN, OR LOCATION COUNTY <b>Green</b> STATE <b>Ark</b>			
21. I attended the deceased from <b>July 24, 1956</b> to <b>Aug. 11, 1956</b> and last saw her alive on <b>Aug. 11, 1956</b> Death occurred at <b>5:30</b> on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE <b>J. L. Smith</b> (Degree or title) <b>D.O.</b>				22b. ADDRESS <b>Box 328, Neelyville, Mo.</b>				22c. DATE SIGNED <b>8-15-56</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		23b. DATE <b>Aug 13, 56</b>		23c. NAME OF CEMETERY OR CREMATORY <b>New Friendship</b>				23d. LOCATION (City, town, or county) (State) <b>Green County Ark</b>			
24. FUNERAL DIRECTOR <b>Russell-Ermer Funeral Home</b> ADDRESS <b>Corning, Ark</b>				25. DATE RECD. BY LOCAL REG. <b>8-15-1956</b>				26. REGISTRAR'S SIGNATURE <b>W. Johnston</b>			

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was examined  
by me, or by me, Student Embalmer No.         
working under my personal supervision..       

Student.....  
Signature of Student Embalmer

Signed James E. Brown

Licensed Embalmer No. ....

P. O. Address: Corning

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.