

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8535

STATE FILE NUMBER

FILED APR 10 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1299

1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON					
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION LAKESIDE			Length of stay in 1b) 47 yrs.		d. STREET ADDRESS 3838 WYANDOTTE		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		
3. NAME OF DECEASED (Type or print) ROBERT LOUIS ARMSTRONG First Middle Last				4. DATE OF DEATH MARCH 18, 1957 Month Day Year					
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH AUGUST 5, 1878 Month Day Year		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SALES MAN			10b. KIND OF BUSINESS OR INDUSTRY RUBBER		11. BIRTHPLACE (City and state or country) PITTSBURGH, PENNA.		12. CITIZEN OF WHAT COUNTRY? U.S. A.		
13. FATHER'S NAME JOHN ARMSTRONG.				14. MOTHER'S MAIDEN NAME JOSEPHINE BRIDGET LINCHAN					
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. 486-10-3855		17. INFORMANT LUCILE ARMSTRONG. 3838 WYANDOTTE, KCMO				
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) CEREBRAL VASCULAR THROMBOSIS DUE TO (b) RENAL INSUFFICIENCY DUE TO (c) CHRONIC NEPHRITIS PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)								INTERVAL BETWEEN ONSET AND DEATH 13 DAYS 592 X	
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 Month, Day, Year a. m. p. m.									
20d. INJURY OCCURRED WHILE AT WORK <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		STATE	
21. I attended the deceased from MARCH 5, 1957 to MARCH 18, 1957 and last saw him alive on MARCH 18, 1957 Death occurred at 4:45 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.									
22a. SIGNATURE (Name or title) John A. Robinson, D.O.				22b. ADDRESS 505 East 85th K.C.MO.				22c. DATE SIGNED 3-18-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal		23b. DATE 3/20/57	23c. NAME OF CEMETERY OR CREMATORY Holy Cross Cemetery			23d. LOCATION (City, town, or county) Paola, Kansas		(State)	
24. FUNERAL DIRECTOR Quirk & Tobin-20 W. Linwood, K.C.Mo.				25. DATE RECD. BY LOCAL REG. 3-20-57		26. REGISTRAR'S SIGNATURE new Marshall			

(Licensed Embalmer's Statement on Reverse Side)

Health, Welfare, Public Service

300 1-56

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

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.
John A. Robinson

MEDICAL CERTIFICATION

APR 24 1957

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 *William M. Lurn*

Licensed Embalmer No. *46*
P. O. Address *200 Lincoln*
Newark City

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.

