

FILED JAN 3 1958

STANDARD CERTIFICATE OF DEATH

State File No. **46975**

BIRTH NO. _____		REG. DIST. NO. <b>328</b>		PRIMARY REG. DIST. NO. <b>6112</b>		Registrar's No. <b>44</b>	
1. PLACE OF DEATH a. COUNTY <b>Scott</b>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <b>Missouri</b> b. COUNTY <b>Standard</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Kelso</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>Painton</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>accident-Hy 61</b>				STREET ADDRESS (If rural, give location) <b>Pike Tw 7</b>			
3. NAME OF DECEASED (Type or Print) <b>Geraldine</b>		a. (First) _____ b. (Middle) _____ c. (Last) <b>Armstrong</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Dec. 17, 1957</b>			
5. SEX <b>Female</b>		6. COLOR OR RACE <b>white</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>		8. DATE OF BIRTH <b>May 12, 1941</b>	
9. AGE (in years last birthday) <b>16</b>		10. IF UNDER 1 YEAR Months _____ Days _____		11. IF UNDER 14 HRS. Hours _____ Min. _____			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>waitress</b>				10b. KIND OF BUSINESS OR INDUSTRY <b>Cafe</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>							
13a. FATHER'S NAME <b>Lloyd Armstrong</b>		13b. MOTHER'S MAIDEN NAME <b>Leona Armstrong</b>		14. NAME OF HUSBAND OR WIFE <b>None</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lloyd Armstrong</b>			
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* <b>Left Frontal Skull Fracture - Fractured left Arm and leg</b>  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.				INTERVAL BETWEEN ONSET AND DEATH <b>0</b>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Hwy. 61. South</b>		21c. (CITY, TOWN, OR TOWNSHIP) <b>Kelso</b> (COUNTY) <b>Scott</b> (STATE) <b>Mo</b>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>Dec. 17-57 7:45 a.m.</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Truck - Car Collision.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>7:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Thelma C. Buckthorpe, M.D. Health Officer</b>				23b. ADDRESS <b>Benton, Mo</b>		23c. DATE SIGNED <b>12-24-57</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12-21-57</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Morgan Memorial Park</b>		24d. LOCATION (City, town, or county) (State) <b>Advance, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12-28-57</b>		REGISTRAR'S SIGNATURE <b>Mrs Fred B. B. B. B.</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Wm H. Morgan</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

DATE RECEIVED DEC 30 1957  
SCOTT CO. HEALTH DEPT.  
CO. FILE No. 1257-262

JAN 9  
1958

### 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.....

*W. H. Morgan*

Licensed Embalmer No. 4640

P. O. Address Advances

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.