

FILED JAN 3 1958

STANDARD CERTIFICATE OF DEATH

State File No. 46976

BIRTH NO. _____		REG. DIST. NO. 328		PRIMARY REG. DIST. NO. 6112		Registrar's No. 45	
1. PLACE OF DEATH a. COUNTY <u>Scott</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kelso</u>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <u>Painton</u>		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 <u>Accident Hxbl</u>				STREET ADDRESS (If rural, give location) <u>Pike Twp 1030</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leona</u>		b. (Middle) <u>Lillian</u>		c. (Last) <u>Armstrong</u>		4. DATE OF DEATH (Month) <u>Dec.</u> (Day) <u>17</u> (Year) <u>1957</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>Aug 21, 1900</u>	
9. AGE (in years last birthday) <u>57</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cooking</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>Frank Marcus</u>		13b. MOTHER'S MAIDEN NAME <u>Della Harmon</u>		14. NAME OF HUSBAND OR WIFE <u>Lloyd Armstrong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lloyd Armstrong</u> ADDRESS <u>Painton Mo.</u>			
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) <u>Severe Skull Fracture (Rt.)</u>				INTERVAL BETWEEN ONSET AND DEATH <u>0</u>			
ANTECEDENT CAUSES Morbidity 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.							
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? <u>2</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Hw. 61 - South</u>		21c. (CITY, TOWN, OR TOWNSHIP), <u>Kelso</u> (COUNTY) <u>Scott</u> (STATE) <u>Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>12-17-57-7:45 a.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Truck - Car Accident</u>			
22. I hereby certify that I attended the deceased from <u>first call</u> after death, 19 <u>57</u> , that I last saw the deceased alive on <u>about 7:45 a.m.</u> , 19 <u>57</u> , and that death occurred <u>about 7:45 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Thelma C. Buckthorpe, M.D. Health Officer</u>				23b. ADDRESS <u>Benton, Mo.</u>		23c. DATE SIGNED <u>12-24-57</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec 21, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Morgan Memorial Park</u>		24d. LOCATION (City, town, or county) (State) <u>Advance, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>12-28-57</u>		REGISTRAR'S SIGNATURE <u>Mrs. Fred Bispham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm. H. Morgan</u> ADDRESS <u>Advance, Mo.</u>			

(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. 1257-261

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 .....

*Wm H Morgan*

Licensed Embalmer No. ....

P. O. Address .....

*4640*  
*Adrian, I*

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.