

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-040540

STATE FILE NUMBER

FILED DEC 9 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 176

1. PLACE OF DEATH a. COUNTY Laclede.		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Camden	
b. CITY (If outside corporate limits, give TOWNSHIP only) Lebanon, Mo.		c. CITY OR TOWN Stoutland, Mo. 150	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR Wallace Hosp.		d. STREET ADDRESS (If outside, give location) Star Rt. #.	
Length of stay in lb 17 days.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First Ida. Middle Willie. Last Armstrong.			4. DATE OF DEATH Month Nov. Day 29, Year 1958		
5. SEX Female	6. COLOR OR RACE White.	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Nov. 13, 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY -----		11. BIRTHPLACE (City and state or country) New Orleans, La.	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Henry Belden.			
13b. MOTHER'S MAIDEN NAME Margaret. J. Wilson		14. NAME OF HUSBAND OR WIFE Charles K. Armstrong.			

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Year or unknown) (If yes, give war or dates of service) No.	16. SOCIAL SECURITY NO. Unknown.	17. INFORMANT James Armstrong.	Address Stoutland, Mo Star Rt
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) Cerebro Vascular accident		INTERVAL BETWEEN ONSET AND DEATH 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Generalized Arteriosclerosis DUE TO (c) Hypertrophic arthritis.		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertrophic arthritis.		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT SUICIDE HOMICIDE None	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour 11 Month 12 Day 1 Year 1958 a.m. <input type="checkbox"/> p.m. <input type="checkbox"/>	

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.) 11/12/58	20f. CITY, TOWN, OR LOCATION Lebanon, Missouri	COUNTY Camden STATE Missouri
21. I attended the deceased from 11/12/58 to 11/29/58 and last saw her alive on 11/29/58 Death occurred at 11:05 A m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED 12/1/58	
22a. SIGNATURE E. J. Asher (Degree or title) MD.		22b. ADDRESS Lebanon, Missouri	

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 12/1/58	23c. NAME OF CEMETERY OR CREMATORY Stoutland Cemetery.	23d. LOCATION (City, town, or county) (State) Stoutland, Missouri
24. FUNERAL DIRECTOR Hedges Funeral Home		25. DATE RECD. BY LOCAL REG. 12-1-1958	26. REGISTRAR'S SIGNATURE Hella S. Gray

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 Clarence Moss

Licensed Embalmer No. 4896

P. O. Address Waynesville,

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.