Health, Welfare Public Service

98475-58

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-046973
STATE FILE NUMBER

FILED JAN 13 1959 Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 251

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada Hospital — Length of stay in 1b

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Kansas
b. COUNTY: Wyandotte
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 1624 West 37th — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Cynthia — Middle: Jean — Last: Armstrong

4. DATE OF DEATH: Month: December — Day: 21 — Year: 1958

5. SEX: F

6. COLOR OR RACE: Wh

7. MARRIED [ ] **NEVER MARRIED** [X] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: December 21, 1958

9. AGE (In years last birthday): 0 — IF UNDER 1 YEAR: Months: 0, Days: 0 — IF UNDER 24 HRS.: Hours: 0, Min.: 30

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): ---

10b. KIND OF BUSINESS OR INDUSTRY: ---

11. BIRTHPLACE (City and state or country): Nevada, Missouri

12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Robert Lee Armstrong

13b. MOTHER'S MAIDEN NAME: Norma Jean Howard

14. NAME OF HUSBAND OR WIFE: ---

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.: ---

17. INFORMANT: Robert Lee Armstrong — Address: Kansas City, Kansas 1624 W. 37th

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a): CONGENITAL DEFORMITIES INCOMPATIBLE WITH LIFE.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b): Cervical meningiocele and partal absence of anterior left ribs.

DUE TO (c):

INTERVAL BETWEEN ONSET AND DEATH:

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 751 X

19. WAS AUTOPSY PERFORMED? YES [ ] NO [X]

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ]

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]

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 Dec 21, 1958, to Dec 21, 1958 and last saw her/him alive on Dec 21, 1958. Death occurred at 10:25 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James Pascoe MD

22b. ADDRESS: Nevada Mo.

22c. DATE SIGNED: 12-26-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: 1958 December 22

23c. NAME OF CEMETERY OR CREMATORY: Moore Cemetery

23d. LOCATION (City, town, or county) (State): Nevada Missouri

24. FUNERAL DIRECTOR: Ferry Funeral Home — ADDRESS: Nevada, Missouri

25. DATE RECD. BY LOCAL REG.: 1-10-1959

26. REGISTRAR'S SIGNATURE: Arnal E. Ferry

(Licensed Embalmer's Statement on Reverse Side)

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 .....

Licensed Embalmer No. 4960

P. O. Address .....

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.