STANDARD CERTIFICATE OF DEATH    FIED FEB 2 1956 istration District No. 3/2   Primary Registration District No. 695/ Registr			THE DIVISION OF HEALTH OF MISSOURI		59-002589		
PLACE OF DEATH				STATE FIL	STATE FILE NUMBER		
b. CITY (If outside compared limits, give TOWNSHIP only)  b. CITY (If outside, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. FULL NAME OF (If NOT in baspitch, give location)  c. CITY  TOWN St. Chirles  C. CITY  Town ADDRESS  R. #4  Charles  C. CITY  Town ADDRESS  R. #4  C. CITY  Town ADDRESS  R. #4  C. CITY  Town ADDRESS  R. #4  C. CAPTE Month  C. CAPTE MORE  C. CAPTE MORE  C. CAPTE MORE  Town More  To	EL	UFD FEB 2 195 Gaistration Di	strict No. 3/0 Primary	Registration District No.	605/ Registro	Ir's No. 24	
OR TOWN St. C'Arlos  C. FULL NAME OF (II NOT in bappind, give location)  C. FULL NAME OF (II NOT in bappind, give location)  C. FULL NAME OF (II NOT in bappind, give location)  C. FULL NAME OF (II NOT in bappind, give location)  C. FULL NAME OF (II NOT in bappind, give location)  C. COLOR OR R. #4  1 yr Middle  Lost (Type or prim)  C. COLOR OR RACE  T. MARRIED  S. SEX  Male  Windle  C. COLOR OR RACE  T. MARRIED  S. DATE OF BIRTH  WINDWED  J. DIVORCED  J. DATE OF BIRTH  J. AGE (in year of Funder Yeas it under 2 and year of year of the year of the year of the year of ye	1	1. PLACE OF DEATH G. COUNTY St. Charles		2. USUAL RESIDENÇE (When	re deceased lived. If institu UPI b. COUNTY ST	tion: Residence before	
C. FULL NAME OF (II NOT in bapital, give location)   Length of stay in 1b   ADDRESS   C. II outside, give location)   Reside on Face   NSTITUTION   R. R. #4   1 yr   ADDRESS   R. R. #4   ADATE   NSTITUTION   R. R. #4   1 yr   ADDRESS   R. R. #4   ADATE   NSTITUTION   R. R. #4   ADATE   ADDRESS   R. R. #4   ADDRESS   R. R. R. #4   ADDRESS   R. R. R. #4   ADDRESS   R. R. R. #4   ADDRESS		OR	1	OR e+ ch	arles 0920	'	
(Type or print)  Glen Elbert Armstrong Death   26 /59  5. SEX   6. COLOR OR RACE   7. MARRIED   NEVER MARRIED   8. DATE OF BIRTH   COLOR OR PACE   10. USUAL OCCUPATION (clip, where it will be with date with		c. FULL NAME OF (If NOT in hospital,	-	ADDRESS		Reside on Farm Yes No <b>X</b>	
S. SEX    SEX   S. COLOR OR RACE   7.   MARRIED   MEVER MARRIED   S. DATE OF BIRTH   9. AGE (in year if funder) year   Mount	3		Middle	Last		Day Year	
Male   White   Modern   Mode			Elbert Ar	mstrong		26 159	
10. USUAL OCCUPATION (Give kind of work done progression of progression of certified)  10. USUAL OCCUPATION (Give kind of work done progression of progression of certified)  10. KIND OF BUSINESS OR INDUSTRY  10. MOTSVIlle, IOWA  11. BRTHPLACE (City and store or country)  12. CITIZEN OF WHAT COUNTY  13. MAT PROGRESSION  13. MAT PROGRESSION  14. NAME OF HUSBAND OR WIFE  15. WAS DECEASED EVER IN U. S. ARMED PORCES?  (Yes, 20. So Junknown) (Uspas, 31) Total of store of the progression of the part of the progression of the part of the progression of the part of the par	5		MAKKIED NEVER MAKKIEU		9. AGE (In years IF UNDER Last birthday) Moaths,	YEAR IF UNDER 24 HRS.	
13. FATHER'S MANE   13b. MOTHER'S MADEN NAME   14. NAME OF HUSBAND OR WIFE   15b. MOTHER'S MADEN NAME   17. INFORMANT   17. INFORMANT   18. WAS DECEASED EVER IN U. S. ARMED FORCES?   16. SOCIAL SECURITY NO.   17. INFORMANT   17. INFORMANT   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   478-18-7164   Harold Armstrong, St. Charles, Mo   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)   18. CAUSE OF DEATH (ENTER ONSET AND DEATH ONE)   19. WAS AUTOPS (ENTER ONSET AND DEATH ONE)   19. WAS AUTOPS (ENTER ONSET AND DEATH ONE)   19. WAS AUTOPS (ENTER ON	10-		10b. KIND OF BUSINESS OR 11.	, ,	country) 12. CITIZ	ZEN OF WHAT COUNTRY?	
William Armstrong  Mary Taylor  15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (***********************************	<u> </u>		Kailhoad	···			
15. WAS DECEASED EVER IN U. S. ARMED FORCES?  (Yea, Ap Cambrany) (Myth Bit and office office)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  19. Canditions, if any, which gave rise to observe cause (a).  19. PART II. DOTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (c).  19. WAS AUTOPS: PERFORMED? YES   NOW 200. ACCIDENT SUICIDE HOMICIDE   20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a.m.  20d. INJURY OCCURRED WHILE AT   AT WORK   20c. PLACE OF INJURY (e.g., inor about home, p.m.  20d. INJURY OCCURRED WHILE AT   AT WORK   20c. PLACE OF INJURY (e.g., inor about home, p.m. mon the date stated above; and to the best of my knowledge, from the causes stated.  21. I attended the deceased from   19. P.   1	13		4	-		-E	
Ves. 10.0 er unknown   Clayes, given addition of service   478-18-7164   Harold Armstrong, St. Charles, Mo	15						
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)  PART II. DEATH WAS CAUSED BY:  IMMEDIATE CAUSE (a)  Conditions, if any, which gave rise to above cause (a), storing the underlying cause is at the obove cause (a), storing the underlying cause is at.  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED?  YES NOW  20. ACCIDENT SUICIDE HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year  INJURY a.m.  INJURY a.m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE  YORK  21. I attended the deceased from  Death occurred an  Death occurred an  Township / - / 15 J., to  m on the date stated obove; and to the best of my knowledge, from the causes stated.  22c. SIGNATURE  22c. SIGNATURE  22c. DATE SIGNE  22c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  FOR Deads  23d. LOCATION (City, town, or county)  RUP 23d. LOCATION (City, town, or county)  FOR Deads  Country  PART II. DEATH INDURY  A PART II. DEATH INDURY  PERFORMED?  YES NOW  YES NOW		(Y					
which gave rise to dobove cause (a), stating the under- part II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED?  PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  PERFORMED?  YES NOW  20a. ACCIDENT SUICIDE HOMICIDE  OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY occurred in p.m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE Form, factory, street, office bldg., etc.)  YES NOW  21. I attended the deceased from Death occurred in p.m.  Death occurred in p.m.  Death occurred in p.m.  Degree or title)  22b. ADDRESS  AUCATION (City, town, or county)  (Signte)  PRITIAL CREMATION, 23t DATE  23c. NAME OF CEMETERY OR CREMATORY  PART II. OTHER SIGNIFICANT  PART III. OTHER SIGNIFICANT  PART III. OTHER SIGNIFICAN		PART I. DEATH WAS CAUSED B	use per line for (a), (b), and (c).) Y: Cuta W	jocardial	infarct	INTERVAL BETWEEN ONSET AND DEATH	
20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED WHILE AT WORK AT WORK  21. I attended the deceased from Death occurred an Special Signature (Degree or fitle)  22a. SIGNATURE  22b. ADDRESS A						3 year	
20a. ACCIDENT SUICIDE HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART 1 or PART 11 of item 18.)  20c. TIME OF Hour Month, Day, Year INJURY a.m. p.m.  20d. INJURY OCCURRED  WHILE AT NOT WHILE  21. I attended the deceased from  Death occurred on  Death	CATION		ITIONS CONTRIBUTING TO DEATH but not re	plated to the terminal disease con		19. WAS AUTOPSY PERFORMED?	
20d. INJURY OCCURRED WHILE AT NOI WHILE  21. I attended the deceased from Death occurred of Degree or title)  22d. SIGNATURE  ADDRESS  22d. DATE SIGNE  ADDRESS  22d. DATE SIGNE  22d. DATE SIGNE	CERTIF		20b. DESCRIBE HOW INJURY OCCURR	RED. (Enter nature of injury in			
WHILE AT WORK  21. I attended the deceased from Death occurred on	WEDICAL	NJURY a.m.					
Death occurred an SP m on the date stated above; and to the best of my knowledge, from the causes stated.  220. SIGNATURE  C 22b. ADDRESS  22c. DATE SIGNE  (-27-  230. BURIAL, CREMATION, 23b DATE  REMOVAL (Specify)  RUPIAL  Death occurred an SP m on the date stated above; and to the best of my knowledge, from the causes stated.  22c. DATE SIGNE  (-27-  23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  RUPIAL  Death occurred an SP m on the date stated above; and to the best of my knowledge, from the causes stated.  22c. DATE SIGNE  (-27-  C 23c. NAME OF CEMETERY OR CREMATORY  REMOVAL (Specify)  RUPIAL  FORT Deads, Towa	WHILE AT NOT WHILE farm, factory, street, office bldg., etc.)						
22a. SIGNATURE  (Degree or title)  22b. ADDRESS  (Location (City, town, or county)  REMOVAL (Specify)  Purial  (Degree or title)  22c. DATE SIGNE  (- 17-  23c. DATE SIGNE  (- 27-  23d. LOCATION (City, town, or county)  (State)  RUPIAL  (Specify)  Furial  (State)		21. I attended the deceased from Movimb 1-1958, to 1-26 Jg and last saw him alive on 1-26-59					
23c. BURIAL, CREMATION, 23th DATE 23c. NAME OF CEMETERY OR CREMATORY REMOVAL (Specify) Jan. 30, 1959 Memorial Park Fort Dødge, Iowa .							
REMOVAL (Specify) Jan. 30, 1959 Memorial Park Fort Dedge, Iowa							
	230	REMOVAL (Specify)	-·	I -			
Bruse Funeral Home, Fort Dodge, Iowa Av. 37.59 Macerea Wilso (Licensed Embalmer's Statement on Reverse Side)	E	Bruse Funeral Home,		AN-27.59 1	Marcella	Wilson	

FEB I 9 1959

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## STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is re	ecorded on the reverse side of this certificate was embalme					
by me, or by	, Student Embalmer No.					
working under my personal supervision.						
Student	Signed David C. Baul					

Licensed Embalmer No. 5060 P. O. Address . H. Charles Mo.

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.