

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-002589

STATE FILE NUMBER

FILED FEB 2 1959		Registration District No. 310		Primary Registration District No. 6051		Registrar's No. 24	
1. PLACE OF DEATH a. COUNTY St. Charles				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before death) a. STATE Missouri b. COUNTY St. Charles			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Charles		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN St. Charles 0920		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION R. R. #4		Length of stay in lb 1 yr.		d. STREET ADDRESS R. R. #4		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Glen Elbert Armstrong				4. DATE OF DEATH Month Day Year 1 26 1959			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-24-1898	9. AGE (In years last birthday) 60	IF UNDER 1 YEAR Months Days 11 2	IF UNDER 24 HRS. Hours Min. 0 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Railroad		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Morsville, Iowa		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME William Armstrong		13b. MOTHER'S MAIDEN NAME Mary Taylor		14. NAME OF HUSBAND OR WIFE Divorced			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes World War #1		16. SOCIAL SECURITY NO. 478-18-7164		17. INFORMANT Address Harold Armstrong, St. Charles, Mo.			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) acute myocardial infarct coronary a. arteriosclerosis DUE TO (b) DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 24 hrs. 3 yrs.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) 4281					
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE <input type="checkbox"/> WORK AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Moms 1-1958		20f. CITY, TOWN, OR LOCATION 1-26-59		COUNTY STATE	
21. I attended the deceased from Death occurred on 5 P. m on the date stated above; and to the best of my knowledge, from the causes stated.				and last saw him alive on 1-26-59			
22a. SIGNATURE Lempster mo		(Degree or title) c		22b. ADDRESS S P Charles Mc		22c. DATE SIGNED 1-27-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Jan. 30, 1959		23c. NAME OF CEMETERY OR CREMATORY Memorial Park		23d. LOCATION (City, town, or county) Fort Dodge, Iowa (State)	
24. FUNERAL DIRECTOR Bruse Funeral Home, Fort Dodge, Iowa		ADDRESS		25. DATE RECD. BY LOCAL REG. 1-27-59		26. REGISTRAR'S SIGNATURE Marceena Wilson	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

FEB 19 1959

FEB 8 1959

### 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 *David C. Bane* .....

Licensed Embalmer No. *5060* .....

P. O. Address *St. 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.