

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-005388

STATE FILE NUMBER

506

REGISTRATION DISTRICT No. 149 PRIMARY REGISTRATION DISTRICT No. 1002 REGISTRAR'S No. 1002

1. PLACE OF DEATH
a. COUNTY **Jackson**

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE **Missouri** b. COUNTY **Jackson**

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN **Kansas City** Inside Limits Yes No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION **2718 Denver St** Length of stay in lb **60 yrs**

d. STREET ADDRESS (If outside, give location) **2718 Denver St.** Reside on Farm Yes No

3. NAME OF DECEASED First **Johnston** Middle **A.** Last **Armstrong**

4. DATE OF DEATH Month **Jan** Day **25** Year **1959**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED WIDOWED DIVORCED 8. DATE OF BIRTH **August 14, 1890** 9. AGE (In years last birthday) **68** IF UNDER 1 YEAR Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Barber** 10b. KIND OF BUSINESS OR INDUSTRY **Self-employed** 11. BIRTHPLACE (City and state or country) **Maryville, Kansas** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **John Armstrong** 13b. MOTHER'S MAIDEN NAME **Elsa Kitchen** 14. NAME OF HUSBAND OR WIFE **Widowed unknown**

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **487-10-3355** 17. INFORMANT **Mrs. Margaret Phillips** Address **Kansas City, Missouri**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) **Toumoy occlusion**
DUE TO (b) _____
DUE TO (c) **Atherosclerotic Cardiovascular Disease**
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) **Hypertensive Cardiovascular Disease**

19. WAS AUTOPSY PERFORMED? YES NO

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 _____ Month, Day, Year _____ a.m. _____ p.m.

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 **7-7-58** to **1-25-59** and last saw him alive on **1-13-59**
Death occurred at **5:30 AM** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) **H. A. Underwood, M.D.** 22b. ADDRESS **5100 E. 24th St. K.C. Mo.** 22c. DATE SIGNED **1/26/59**

23a. BURIAL CREMATION (REMOVAL Specify) **Burial** 23b. DATE **Jan 28, 1959** 23c. NAME OF CEMETERY OR CREMATORY **Mound Grove Cemetery** 23d. LOCATION (City, town, or county) (State) **Independence, Missouri**

24. FUNERAL DIRECTOR **Geo. C. Carson & Son's Indep., Mo.** ADDRESS 25. DATE RECD. BY LOCAL REG. **1-27-59** 26. REGISTRAR'S SIGNATURE **Neva Marshall**

All deaths in Part I must be causally related.

H. A. Underwood USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

Oct 2, 1900

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 *C. Ray Lunderbach*

Licensed Embalmer No. *5027*

P. O. Address *Indep., 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.