

JURISDICTION DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

FILED VS MAR 7 1960

-60-007524

STATE FILE NUMBER

Registration District No. 274 Primary Registration District No. 3052 Registrar's No. 98

1. PLACE OF DEATH a. COUNTY <u>Pettis County</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Pettis</u>			
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) <u>Sedalia, Missouri</u>		Length of stay in 1b <u>8 Days</u>		c. CITY OR TOWN <u>Smithton, Mo.</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) <u>Bathwell Hospital</u>		Inside Limits Yes ☒ No ☐		d. STREET ADDRESS <u>Route #1</u>		Reside on Farm Yes ☐ No ☒	
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Garfield</u> Last <u>Armstrong</u>				4. DATE OF DEATH Month <u>3</u> Day <u>2</u> Year <u>1960</u>			
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. Marital Status ☒ Never Married ☐ Widowed ☐ Divorced ☐		8. DATE OF BIRTH <u>11-1-1880</u>	
9. AGE (last birthday) <u>79</u>		IF UNDER 1 YEAR Months <u>4</u> Days <u>1</u> Hours <u></u> Min. <u></u>		IF UNDER 24 HR Months <u></u> Days <u></u> Hours <u></u> Min. <u></u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Station Operator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Standard Oil</u>		11. BIRTHPLACE (City and state or country) <u>Galesburg, Illinois</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Eva Turpening Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Clara N. Armstrong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>489-42-5579</u>		17. INFORMANT <u>Mrs. Clara N. Armstrong</u> Address <u>Smithton, Mo.</u>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral haemorrhage</u> DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) <u>Diabetes mellitus</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown							
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 <u></u> a.m. <u></u> p.m. <u></u> Month, Day, Year <u></u>							
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.) <u>as above</u>		20f. CITY, TOWN, OR LOCATION <u>Smithton, Mo.</u>		COUNTY <u>Pettis</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>11:15 A</u> and last saw him alive on <u>Mar 4-1960</u> Death occurred at <u>11:15 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <u>Charles Gordon Greenfuebe MD</u> (Degree or title)				22b. ADDRESS <u>Coroner, Pettis Co</u>		22c. DATE SIGNED <u>3-4-60</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-5-1960</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Smithton Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Smithton, Mo - Pettis</u>	
24. FUNERAL DIRECTOR <u>Wesley's Funeral Home</u>		ADDRESS <u>Smithton, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Mar 4-1960</u>		26. REGISTRAR'S SIGNATURE <u>Frances Shelby</u>	

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

APR 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Harold A. Tempel

Licensed Embalmer No. *5089*

P. O. Address *Sedalia, 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.