

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=60-022511

FILED VS. JUL 6 1960 53

Primary Registration District No 3010

Registrar's No. 262

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Cape Girardeau				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Illinois b. COUNTY Cape Girardeau			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Length of stay in 1b 8 Days		c. CITY OR TOWN Mounds		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hosp			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) None			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Leonard Middle B. Last Armstrong			4. DATE OF DEATH Month June Day 19 Year 1960				
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10/28/1880	9. AGE (last birthday) 79	IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>	IF UNDER 24 HR Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retail Lumber Company			10b. KIND OF BUSINESS OR INDUSTRY Honeygrove, Texas	11. BIRTHPLACE (City and state or country) U.S.A.		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME Eli Armstrong			13b. MOTHER'S MAIDEN NAME Edith Atherton		14. NAME OF HUSBAND OR WIFE Emma Armstrong		
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. 343-10-1657	17. INFORMANT Address Emma Armstrong-Mounds, Illinois.				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Metastatic Carcinoma Conditions, if any, which gave rise to above cause (a), stating the underlying cause last: DUE TO (b) Primary carcinoma of bladder (cystectomy done) DUE TO (c) bladder (7 yrs ago)						INTERVAL BETWEEN ONSET AND DEATH 7 yrs	
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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)			
20c. TIME OF INJURY Hour <input type="checkbox"/> a.m. <input type="checkbox"/> p.m.	Month, Day, Year						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		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 2-10-53 to 6-19-60 and last saw him alive on 6-19-60 Death occurred at 10:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Dr. Leonard M. O. (Degree or title)				22b. ADDRESS 119 N. Pacific Cape Girardeau, Mo.		22c. DATE SIGNED 6/22/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 6/22/1960	23c. NAME OF CEMETERY OR CREMATORY Thistlewood Cemt.		23d. LOCATION (City, town, or county) Mounds, Pulaski, Illinois			
24. FUNERAL DIRECTOR Ryan Funeral Home-Mounds, Ill.			ADDRESS	25. DATE RECD. BY LOCAL REG. 6-29-60	26. REGISTRAR'S SIGNATURE Jimm Kasten		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JUL 6 - 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 me
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Howard L. Herman

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.