

RIF DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-027725

FILED VS AUG 11 1960

238

Primary Registration District No. 5823

Registrar's No.

STATE FILE NUMBER

DED

1. PLACE OF DEATH a. COUNTY New Madrid				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Ark. b. COUNTY Faulkner			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN New Madrid Township		Length of stay in 1b 1 Wk		c. CITY OR TOWN		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION			Inside Limits Yes ☐ No ☐		d. STREET ADDRESS Rural		Reside on Farm Yes ☒ No ☐
3. NAME OF DECEASED (Type or print) Stewart Harrison Armstrong				4. DATE OF DEATH Month July Day 23 Year 60			
5. SEX M	6. COLOR OR RACE Colored	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH Oct. 15 1882	9. AGE (last birthday) 77	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY -- ---		11. BIRTHPLACE (City and state or country) South Carolins		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Berry Armstrong			13b. MOTHER'S MAIDEN NAME Unk		14. NAME OF HUSBAND OR WIFE Hattie Freeman 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. 432-28-8621		17. INFORMANT Mr Stewart Armstrong Address Red Madrsd R. no		
18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Cardiac hypertension DUE TO (c) Arterio sclerosis				INTERVAL BETWEEN ONSET AND DEATH 3 days. 1 year 2 years			
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 pregnancy in last 90 days. ☐ Unknown		
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒	20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in last 90 days.)					
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year							
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 7-22-60 to 7-23-60 and last saw her alive on 7-23-60 Death occurred at 3:10 P.M. on the date stated above, and to the best of my knowledge, from							
22a. SIGNATURE J. O. Cameron (Degree or title) D.O.				22b. ADDRESS Lilbourn Mo - 7-29-60		22c. DATE SIGNED	
23a. BURIAL, CREMATION, REMOVAL Removal	23b. DATE 7/31/60	23c. NAME OF CEMETERY OR CREMATORY Westbrook		23d. LOCATION (City, town, or county) Foulkner county		(State) Ark.	
24. FUNERAL DIRECTOR Rushade ADDRESS New Madrid, Mo		25. DATE RECD. BY LOCAL REG. July 24-60		26. REGISTRAR'S SIGNATURE Ray Hedgcock			

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

0951 J T AON

VS MAR 1 6 1967

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 L. B. Hildreth

Licensed Embalmer No. 3802

P. O. Address New York

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.