URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

FILED VS AUG 23 1960

60-030415
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 399

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: KANSAS CITY — Length of stay in 1b: 1 YEAR
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: 7505 EAST 87TH STREET BLUE RIDGE NURSING HOME — Inside Limits: Yes [X] No [ ]

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MISSOURI b. COUNTY: JACKSON
c. CITY OR TOWN: HICKMAN MILLS — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 7315 EAST 108TH ST.DRIVE — Reside on Farm: Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First: Anna Middle: M. Last: Armstrong
4. DATE OF DEATH: Month: AUGUST Day: 2 Year: 1960
5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. Married [ ] Never Married [ ] Widowed [X] Divorced [ ]
8. DATE OF BIRTH: APR.25,1871
9. AGE (last birthday): 89 — 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): AT HOME
10b. KIND OF BUSINESS OR INDUSTRY: ----
11. BIRTHPLACE (City and state or country): SCHENOUS, NEW YORK
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: GLEASON
13b. MOTHER'S MAIDEN NAME: Unknown
14. NAME OF HUSBAND OR WIFE: WILLIS H. ARMSTRONG
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MISS MARY F. ARMSTRONG Address: 7315 EAST 108TH ST DR. HICKMAN MILLS, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): CEREBRAL VASCULAR ACCIDENT
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): ARTERIO SCLEROSIS
DUE TO (c): HYPERTENSION
INTERVAL BETWEEN ONSET AND DEATH
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 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 7-31-60, to 8-2-60 and last saw her/him alive on 8-2-60
Death occurred at 9:30 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: J. D. Schwab (Degree or title)
22b. ADDRESS: 13121 U.S. 71 Grandview Mo.
22c. DATE SIGNED: 8-3-60

BY AFFIDAVIT OF

23a. BURIAL, CREMATION, REMOVAL (Specify): CREMATION
23b. DATE: AUG.3,1960
23c. NAME OF CEMETERY OR CREMATORY: D. W. NEWCOMER'S SONS
23d. LOCATION (City, town, or county) (State): KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR: D. W. NEWCOMER'S SONS ADDRESS: 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG.: 8-4-60
26. REGISTRAR'S SIGNATURE: H. L. Dwyer M.D.

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

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_____ Signed Thomas W. Thomson
Signature of Student Embalmer

Licensed Embalmer No. 4889

P. O. Address St. C., Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to co 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.