

MORTUARY DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-035185

FILED VS OCT 13 1960 *146*

Registration District No. _____ Primary Registration District No. *5568* Registrar's No. *477*

STATE FILE NUMBER

NDSD

1. PLACE OF DEATH a. COUNTY Jackson <i>Shue</i>				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 InterCity K.C., Mo.		Length of stay in 1b		c. CITY OR TOWN InterCity District		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9301 Kentucky Ave.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) 8512 Wilson Rd.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First JESSE Middle LEE Last ARMSTRONG				4. DATE OF DEATH Month Oct. Day 1 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 7/30/98		9. AGE (last birthday) 62		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) Line Assembler			10b. KIND OF BUSINESS OR INDUSTRY Bill Glover Inc.		11. BIRTHPLACE (City and state or country) Brunswick, Mo.			12. CITIZEN OF WHAT COUNTRY USA					
13a. FATHER'S NAME Edwin Armstrong				13b. MOTHER'S MAIDEN NAME Betty Mae (Unknown)				14. NAME OF HUSBAND OR WIFE Lula Mae Armstrong					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None			16. SOCIAL SECURITY NO. 486-09-5769		17. INFORMANT Henry E. Armstrong			Address 8933 Roberts, K. C., Mo.					
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Block & Hemorrhage resulting from multiple fractures of sternum, puncture wound of heart, ruptured spleen & ruptured liver & ruptured</i> DUE TO (b) <i>Heart</i> DUE TO (c) <i>Heart</i> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)										INTERVAL BETWEEN ONSET AND DEATH			
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>										20a. ACCIDENT <input checked="" 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.) <i>Truck car collision</i>	
20c. TIME OF INJURY <i>4:48 p.m.</i>		Hour _____ Month, Day, Year <i>10-1-60</i>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>				20e. PLACE OF INJURY (e.g., in or about home, farm, street, office bldg., etc.) <i>Street</i>		20f. CITY, TOWN, OR LOCATION Jackson		COUNTY MO STATE	
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE <i>Geo C. Carson</i> (Degree or title)				22b. ADDRESS <i>6627 Park St S. E. S.W.</i>				22c. DATE SIGNED <i>10-2-60</i>					
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 10-4-1960		23c. NAME OF CEMETERY OR CREMATORY MT. WASHINGTON CEMETERY			23d. LOCATION (City, town, or county) (State) KANSAS CITY 22, MISSOURI						
24. FUNERAL DIRECTOR Geo. C. Carson & Sons ADDRESS Indep., Mo.				25. DATE RECD. BY LOCAL REG. <i>10-4-60</i>		26. REGISTRAR'S SIGNATURE <i>James H. ...</i>							

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

OCT 18 1980

STATEMENT BY LICENSED EMBALMER

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

Student _____
Signature of Student Embalmer

Signed Dean W. Huff

Licensed Embalmer No. 4915

P. O. Address Indy, Ind.

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