

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-030177

STATE FILE NUMBER

AMENDED

Registration District No. **245** Primary Registration District No. **5834** Registrar's No. **85**

LED AUG 17 1961

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Rt #1 Sarcoxie	Length of stay in 1b years	c. CITY OR TOWN Sarcoxie	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Rt #1

3. NAME OF DECEASED (Type or print) First Harold Middle (none) Last Armstrong			4. DATE OF DEATH Month August Day 10 Year 1961		
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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 5-14-1887	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 7 Days 4 Hours 0 Min. 0	IF UNDER 24 HR Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Minister	10b. KIND OF BUSINESS OR INDUSTRY Ministry	11. BIRTHPLACE (City and state or country) Bates County Mo.	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME John Armstrong	13b. MOTHER'S MAIDEN NAME Mary Jones	14. NAME OF HUSBAND OR WIFE Nellie Armstrong
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	17. INFORMANT Address Mrs. Nellie Armstrong Sarcoxie, Mo
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) UREMIA		2 MONTHS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) CHRONIC NEPHRITIS	1 YEAR
DUE TO (c)		

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
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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.)
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20c. TIME OF INJURY Hour 3 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
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21. I attended the deceased from 1950 , to 10/06/1961 and last saw him alive on 9 AUG 1961 Death occurred at 3 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE R. D. Taylor (Degree or title) M.D.	22b. ADDRESS Neosho Mo	22c. DATE SIGNED 14 Aug 61 (State)
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8-12-1961	23c. NAME OF CEMETERY OR CREMATORY Powers Cemetery	23d. LOCATION (City, town, or county) Pepsin, Missouri (State)
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24. FUNERAL DIRECTOR ADDRESS Shewmake Funeral Home Granby, Mo.	25. DATE RECD. BY LOCAL REG. 8-16-61	26. REGISTRAR'S SIGNATURE Melvin C. Bowman By T. Bulka
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DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 SHOULD READ
 BY AFFIDAVIT OF

AUG 22 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 me,

or by _____, Student Embalmer No. _____

working under my personal supervision.

Student _____

Signature of Student Embalmer

Signed

Floyd E. Spurnabe

Licensed Embalmer No.

4923

P. O. Address

Box 218 Granby, Vt

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.