

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 137 Primary Registration District No. 3023 Registrar's No. 71 STATE FILE NUMBER -62-010649

DO NOT WRITE ON THIS STUB

AMENDED

FILED MAR 12 1962

VS 300
Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission)	
a. COUNTY <u>Henry</u>		a. STATE <u>Missouri</u>	b. COUNTY <u>St. Clair</u>
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		c. CITY OR TOWN <u>Lowry City</u>	
Length of stay in lb <u>6 hrs.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Clinton General</u>		d. STREET ADDRESS (If outside, give location) <u>Lowry City</u>	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print)			4. DATE OF DEATH		
First <u>Arthur</u>	Middle <u>Edward</u>	Last <u>Armstrong</u>	Month <u>March</u>	Day <u>8</u>	Year <u>1962</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>9/1/1889</u>	9. AGE (last birthday) <u>72</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u> Hours <u>0</u> Min. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Merchant (Retired)</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Feed - Produce</u>		11. BIRTHPLACE (City and state or country) <u>Lowry City Missouri</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>LeRoy Armstrong</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Houk</u>	
14. NAME OF HUSBAND OR WIFE <u>Helen Armstrong</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO.	
17. INFORMANT <u>Helen Armstrong, Lowry City</u>		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) <u>Cardiac Failure Due to Hypoxia</u>		Interval between onset and death <u>immed.</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Metastatic Squamous Cell Carcinoma</u>			<u>6 months</u>
DUE TO (c) <u>Both lungs.</u>			

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Primary Squamous Cell Carcinoma left amputation stump leg.</u>		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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ 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 <u>Mar. 1961</u> to <u>Mar. 8, 1962</u> and last saw her/him alive on <u>Mar. 8, 1962</u>		Death occurred at <u>3:20 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.							

22. SIGNATURE (Of decedent or title) <u>Richard H. King M.D.</u>			22b. ADDRESS <u>Clinton Missouri</u>			22c. DATE SIGNED <u>3/9/62</u>		
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/10/62</u>		23c. NAME OF CEMETERY OR CREMATORY <u>Lowry City</u>		23d. LOCATION (City, town, or county) (State) <u>Lowry City Mo</u>		
24. FUNERAL DIRECTOR <u>Goodrich Funeral Home, Osceola Mo</u>			25. DATE RECD. BY LOCAL REG. <u>Mar. 10, 1962</u>		26. REGISTRAR'S SIGNATURE <u>Walden Bigum</u>			

USE BLACK INK OR TYPEWRITER RIBBON

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 Paul J. Stanton

Licensed Embalmer No. 3990

P. O. Address Osceola Mo.

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.