

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-018490

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

93

Primary Registration District No.

Registrar's No.

62-26

STATE FILE NUMBER

FILED MAY 23 1962

1. PLACE OF DEATH

a. COUNTY Dade

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN LockwoodLength of stay in lb
1 yr.c. FULL NAME OF (If NOT in hospital, give location)
HOSPITAL OR INSTITUTION Memorial HospitalInside Limits
Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Dade

c. CITY OR TOWN Sylvania

Inside Limits
Yes ☒ No ☐

d. STREET ADDRESS (If outside, give location)

Reside on Farm
Yes ☒ No ☐3. NAME OF DECEASED
(Type or print)First Middle Last
Charley - Armstrong4. DATE OF DEATH
Month Day Year
May 15, 1962

5. SEX

Male

6. COLOR OR RACE

White

7. Married ☐ Never Married ☐
Widowed ☒ Divorced ☐

8. DATE OF BIRTH

6/17/1875

9. AGE (last birthday)

86

10. UNDER 1 YEAR

Months Days Hours Min.

11. UNDER 24 HR

Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

Farmer

10b. KIND OF BUSINESS OR INDUSTRY

Retired Farmer

11. BIRTHPLACE (City and state or country)

Bowling Green, Ky.

12. CITIZEN OF WHAT COUNTRY

U. S. A.

13a. FATHER'S NAME

James K. Armstrong

13b. MOTHER'S MAIDEN NAME

Nannie Wood

14. NAME OF HUSBAND OR WIFE

Dolly Florence Armstrong

15. WAS DECEASED EVER IN U.S. ARMED FORCES?
(Yes, no, or unknown) (If yes, give war or dates of service)

No

None

None

17. INFORMANT

Charles W. Armstrong; Stockton, 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)

Coronary Heart Disease

INTERVAL BETWEEN ONSET AND DEATH

1 yr +

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b)

DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

Chronic Nephritis - Azotemia

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown19. 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 4/14/62 to 5/15/62 and last saw him alive on 5/14/62
Death occurred at 6:50 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

Lee A. McNeil Jr. M.D.

22b. ADDRESS

Greenfield, Mo.

22c. DATE SIGNED

5/17/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

May 17, 1962

23c. NAME OF CEMETERY OR CREMATORIUM

Maple Grove Cem.

23d. LOCATION (City, town, or county)

Sylvania

23e. STATE

Mo.

24. FUNERAL DIRECTOR

ADDRESS

J. C. Canada; Greenfield, Mo.

25. DATE RECD. BY LOCAL REG.

May 17, 1962

26. REGISTRAR'S SIGNATURE

J. C. Canada

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK

OR

TYPEWRITER RIBBON

Lee A. McNeil, Jr., M.D.

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

JUN 12 1962

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 _____

J. C. Canada

Licensed Embalmer No. 4196

P. O. Address Greenfield, 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.