

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-021903

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

346

STATE FILE NUMBER

1. PLACE OF DEATH

a. COUNTY

BOONE

b. CITY (If outside corporate limits, give TOWNSHIP only)
OR TOWN

Columbia

Length of stay in 1b

62 days

c. FULL NAME OF (If NOT in hospital, give location) -
HOSPITAL OR INSTITUTION

UNIVERSITY OF MISSOURI
MEDICAL CENTER

Inside Limits

Yes ☒ No ☐

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

a. STATE

Missouri

b. COUNTY

MONROE

c. CITY

OR

TOWN

MONROE CITY

Inside Limits

Yes ☒ No ☐

d. STREET

(If outside, give location)

442 SOUTH CHESTNUT

Reside on Farm

Yes ☐ No ☒

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

BERTIE

BEULAH

ARMSTRONG

4. DATE OF DEATH

Month

Day

Year

JUNE

18

1962

5. SEX

FEMALE

6. COLOR OR RACE

WHITE

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

8-22-77

9. AGE (last birthday)

84

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)

Monroe County Missouri

12. CITIZEN OF WHAT COUNTRY

UNITED STATES

13a. FATHER'S NAME

CLAY HENDERSON

13b. MOTHER'S MAIDEN NAME

MARY DAVIS

14. NAME OF HUSBAND OR WIFE

R.L. Armstrong

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

UNKNOWN

16. SOCIAL SECURITY NO.

-

17. INFORMANT

UNIVERSITY OF MISSOURI MEDICAL RECORDS

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

MYCOSIS FUNGOIDES

INTERVAL BETWEEN ONSET AND DEATH

UNKNOWN

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)

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 4/17/62 to 4/18/62 and last saw her alive on 4/18/62

Death occurred at 9:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

(Degree or title)

James E. Smith, Jr. M.D.

22b. ADDRESS

University Hospital Columbia, Mo.

22c. DATE SIGNED

4/18/62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 21, 1962

23c. NAME OF CEMETERY OR CREMATORY

St. Jude Cemetery

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

Monroe City, Missouri

(State)

24. FUNERAL DIRECTOR

Wilson Sons, Monroe City, Mo.

ADDRESS

25. DATE RECD. BY LOCAL REG.

June 18, 1962

26. REGISTRAR'S SIGNATURE

Mrs. R.E. Palmer

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

1 0109
2 0690
3
4 1
5 2
6
7 0
8 1
9 205X
10
11
12 2-0
13 3-0

JUL 17 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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Leslie L. Wilson

Licensed Embalmer No. 3014

P. O. Address Monroe City, 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.