

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

62-045868

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No.

38

Primary Registration District No.

3006

Registrar's No.

929

FILED JAN 2 1962

1. PLACE OF DEATH

a. COUNTY

Boone

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

Columbia

Length of stay in 1b

1 hour

c. FULL NAME OF (If NOT in hospital, give location)

University Missouri Med Center

Inside Limits

Yes ☒ No ☐

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

a. STATE

Mo.

b. COUNTY

Boone

c. CITY

OR

TOWN

Columbia

Inside Limits

Yes ☒ No ☐

d. STREET

ADDRESS

1100 North 6th

(If outside, give location)

Reside on Farm

Yes ☐ No ☐

3. NAME OF DECEASED

(Type or print)

First

Middle

Last

Margaret

O.

Armstrong

4. DATE OF DEATH

Month

Day

Year

12 - 24 - 62

5. SEX

Female

6. COLOR OR RACE

White

7. Married

Never Married ☐

Widowed ☒

Divorced ☐

8. DATE OF BIRTH

July 4, 1996

9. AGE (last birthday)

66

IF UNDER 1 YEAR

Months

Days

Hours

Min.

IF UNDER 24 HR

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

Housewife

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country)

Calloway Mo.

12. CITIZEN OF WHAT COUNTRY

U.S.A.

13a. FATHER'S NAME

James Owen

13b. MOTHER'S MAIDEN NAME

Eunice Searingen Mon

14. NAME OF HUSBAND OR WIFE

15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

16. SOCIAL SECURITY NO.

348-26-59-03 University of Mo. Med. records

17. INFORMANT

Address

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

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Cessation of pulse + respiration

INTERVAL BETWEEN ONSET AND DEATH

Immediate

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

DUE TO (b)

Myocardial infarction with cardiac arrest

4-5 hrs.

DUE TO (c)

Extensive Arteriosclerotic Heart Disease

?

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

Diabetes Mellitus - Cardiac arrest reversed to no ultimate avail.

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 **12-24-62** to **12-24-62** and last saw him alive on **12-24-62**

Death occurred at **9:50 PM** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE

John M. Lind Jr. M.D.

(Degree or title)

22b. ADDRESS

M.U. Medical Center

22c. DATE SIGNED

12-25-62

23a. BURIAL, CREMATION, REMOVAL (Specify)

Removal

23b. DATE

12/28/1962

23c. NAME OF CEMETERY OR CREMATORY

Mound Grove

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

Kankakee, Illinois

(State)

24. FUNERAL DIRECTOR

ADDRESS

Lyman Sprinkle Columbia, Mo.

25. DATE RECD. BY LOCAL REG.

Dec 26, 1962

26. REGISTRAR'S SIGNATURE

Mr. R.E. Polmire

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DATE AMENDED

DOCUMENT

BY AFFIDAVIT OF

VS 300
Rev. 4/59

6169

20169

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94200

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122-0

133-0

JAN 9 1963

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 Lyman Sprinkle

Licensed Embalmer No. 4013

P. O. Address Columbia, 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.