

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-045918

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 042

Primary Registration District No. 1000

Registrar's No. 1458

FILED JAN 2 1962

VS 300
Rev. 4/59

15117

25110

3

4 1

5 1

6

7 0

8 2

9156.1

10

11

12 96-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

16. Swaia's Medical Certification

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY Buchanan	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN St. Joseph		Length of stay in 1b 4 days	c. CITY OR TOWN Easton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Sunnyslope Nurse Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Easton
3. NAME OF DECEASED (Type or print) First Grace Middle Armstrong Last Armstrong		4. DATE OF DEATH Month Dec Day 23 Year 1962	
5. SEX Female	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 July 15, 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY Home	9. AGE (last birthday) 73
11. BIRTHPLACE (City and state or country) Breckingridge Mo		12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. none	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cancer of Liver		17. INFORMANT Grover Armstrong, Easton Mo	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH 1 year	
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. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown	
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 11:50 PM Month, Day, Year Dec 30 12/23/62		20f. CITY, TOWN, OR LOCATION Wathena Kansas	
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.)	
21. I attended the deceased from Dec 30 11:50 PM to 12/23/62 and last saw her alive on Dec 23-1962 . Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22b. ADDRESS Wathena Kansas	
22a. SIGNATURE John G. Swaia (Pegree or 14d)		22c. DATE SIGNED 12-26-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) 12/26/62		23c. NAME OF CEMETERY OR CREMATORY Belmont Cemetery	
23b. DATE 12/26/62		23d. LOCATION (City, town, or county) (State) Wathena Kansas	
24. FUNERAL DIRECTOR John G. Swaia ADDRESS St. Joseph, Mo		25. DATE RECD. BY LOCAL REG. Dec. 28, 1962	
26. REGISTRAR'S SIGNATURE Mr. Clark Goodell			

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 12/24/62

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

John E. Rupp

Licensed Embalmer No. 3986

P. O. Address St. Joseph, 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.