

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-039237

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 59

Primary Registration District No. 5226

Registrar's No. 192

FILED OCT 29 1963

VS 300
Rev. 4/59

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY CASS		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY CASS	
b. CITY (If outside corporate limits, give TOWNSHIP only) Mt. Pleasant Twnsp.		c. CITY OR TOWN 165th and Holmes	
Length of stay in lb 6 years		Inside Limits ☐ No ☐	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 165th & Holmes		d. STREET ADDRESS RR#1, Belton, Mo.	
3. NAME OF DECEASED (Type or print) First JIMMY Middle David Last ARMSTRONG		4. DATE OF DEATH Month Oct. Day 20 Year 1963	
5. SEX Male	6. COLOR OR RACE White	7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐	8. DATE OF BIRTH 11-2-1956
9. AGE (last birthday) 6		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) Student		10b. KIND OF BUSINESS OR INDUSTRY School	
11. BIRTHPLACE (City and state or country) Kansas City, Kans.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME BURLEY ARMSTRONG		13b. MOTHER'S MAIDEN NAME Barbara Greer	
14. NAME OF HUSBAND OR WIFE NONE		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		17. INFORMANT Address Burley ARMSTRONG, Belton, 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) Strangulation DUE TO (b) was play with belt and had DUE TO (c) if around his neck Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		INTERVAL BETWEEN ONSET AND DEATH Instant	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I. (a) Fell off of bed and belt caught on bed foot		PART III. If deceased was female was there pregnancy in last 90 days. 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 3:45 p.m. Month, Day, Year 10-20-63	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.) Home Belton Mo		20f. CITY, TOWN, OR LOCATION Belton	20g. COUNTY Cass
20h. STATE MO		21. I attended the deceased from _____, to _____ and last saw her/him alive on _____	
21. Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.		22. SIGNATURE (Degree or title) Osborn Cummings, Cass Co. Coroner	
22b. ADDRESS Harrisonville, Mo.		22c. DATE SIGNED 10-22-63	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-23-63	23c. NAME OF CEMETERY OR CREMATORY Holston Cemetery	23d. LOCATION (City, town, or county) Holston Mo
24. FUNERAL DIRECTOR E. B. George & Son	25. DATE RECD. BY LOCAL REG. 10-24-63	26. REGISTRAR'S SIGNATURE Ray J. Seiber	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK
OR
TYPEWRITER RIBBON

OCT 30 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

Jimmy S. Hucherson

Licensed Embalmer No. 4092

P. O. Address Belton, 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.