

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

DO NOT WRITE
ON THIS STUB

AMENDED

Registration District No. 179 Primary Registration District No. 5667 Registrar's No. 159 STATE FILE NUMBER 63-040533

FILED NOV 6 1963

1. PLACE OF DEATH a. COUNTY <u>Lincoln</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Pike</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Bedford</u>		c. CITY OR TOWN <u>Bowling Green</u>	
Length of stay in 1b <u>10 days</u>		Inside Limits Yes ☐ No ☒	
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Lincoln County Memorial Hospital</u>		d. STREET ADDRESS (If outside, give location) <u>R.F.D. 2nd MI. South of Bowling Green</u>	
Inside Limits Yes ☐ No ☒		Reside on Farm Yes ☐ No ☐	

3. NAME OF DECEASED (Type or print) First Middle Last <u>Ralph Loraine Armstrong</u>			4. DATE OF DEATH Month Day Year <u>October 29, 1963</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐	8. DATE OF BIRTH <u>5-19-10</u>	9. AGE (last birthday) <u>53</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Storekeeper</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>mercantile</u>		11. BIRTHPLACE (City and state or country) <u>Galena, Ill.</u>	
12. CITIZEN OF WHAT COUNTRY <u>USA</u>		13a. FATHER'S NAME <u>Carl M. Armstrong</u>			
13b. MOTHER'S MAIDEN NAME <u>Evelyn M. Bell</u>		14. NAME OF HUSBAND OR WIFE <u>Modyne Armstrong</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u>		16. SOCIAL SECURITY NO. <u>330-12-7002</u>		17. INFORMANT <u>Information left by deceased</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>OVERWHELMING TOXICIA</u> <u>CIRRHOSIS OF LIVER</u> DUE TO (b) <u>2 yrs.</u> DUE TO (c) <u></u>		PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>NO CARCINOMA OF COLON - CHOLECYSTITIS - CHOLELITHIASIS</u>			

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. <u>1-2</u>		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 <u>10-20-63</u> to <u>10-29-63</u> and last saw him alive on <u>10-29-63</u>	
Death occurred at <u>9:50 A</u> m on the date stated above, and to the best of my knowledge, from the causes stated.	

22a. SIGNATURE <u>Reblackwell</u> (Degree or title)		22b. ADDRESS <u>Troy Mo.</u>		22c. DATE SIGNED <u>10-30-63</u>	
--	--	---------------------------------	--	-------------------------------------	--

23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		23b. DATE <u>10/29/63</u>		23c. NAME OF CEMETERY OR CREMATORY <u>National Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Memphis, Tenn.</u>		23e. DATE RECD. BY LOCAL REG. <u>11-2-1963</u>			

24. FUNERAL DIRECTOR <u>Kemper Marsh Fun'l Hm, Troy, Mo.</u>		25. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	
---	--	--	--

26. REGISTRAR'S SIGNATURE <u>Charlotte Leek</u>	
--	--

(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

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

NOV 8 1963

NOV 19 1963
JAN 15 1964

JAN 31 1964

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 Joseph F. Marsh, Jr.

Licensed Embalmer No. 5105

P. O. Address Twins, 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.