

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

File No. **22839**

FILED JUL 24 1951

BIRTH NO. _____ REG. DIST. NO. **131** PRIMARY REG. DIST. NO. **3023** Registrar's No. **107**

3422
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Henry		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Henry	
b. CITY OR TOWN Clinton		c. CITY OR TOWN Clinton Mo	
c. LENGTH OF STAY (in this place) 2 weeks		d. STREET ADDRESS (If rural, give location) WEST SIDE OF WEST SIDE	
d. FULL NAME OF HOSPITAL OR INSTITUTION Clinton Genl Hosp			

3. NAME OF DECEASED (Type or Print) a. (First) CHARLES b. (Middle) X c. (Last) ARMSTRONG			4. DATE OF DEATH (Month) (Day) (Year) July 15 1951		
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWER	
8. DATE OF BIRTH 9-23-1865		9. AGE (In years last birthday) 85		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) Don't know	
11. BIRTHPLACE (State or foreign country) Mt Vernon Indiana		12. CITIZEN OF WHAT COUNTRY? USA			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE	

13a. FATHER'S NAME W P ARMSTRONG		13b. MOTHER'S MAIDEN NAME Laura Ann Hiestand		14. NAME OF HUSBAND OR WIFE Don't know	
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'S SIGNATURE OR NAME Charles Armstrong ADDRESS Clinton Mo	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia			INTERVAL BETWEEN ONSET AND DEATH 4 days
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic interstitial nephritis			6 wks.
		DUE TO (c) Generalized arterio-sclerosis			Don't know
		II. OTHER SIGNIFICANT CONDITIONS: Conditions contributing to the death but not related to the disease or condition causing death. None			

19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 446X	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____	

22. I hereby certify that I attended the deceased from **Jan. 6, 1947**, to **July 15, 1951**, that I last saw the deceased alive on **July 10, 1951**, and that death occurred at **8:15 P** m., from the causes and on the date stated above.

23a. SIGNATURE S. B. Hughes (Degree or title) n.o.		23b. ADDRESS Clinton, Mo.		23c. DATE SIGNED 7/16/51	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/18/51		24c. NAME OF CEMETERY OR CREMATORY Englewood Cem		24d. LOCATION (City, town, or county) (State) Clinton Mo	
DATE REC'D BY LOCAL REG. July-18-51		REGISTRAR'S SIGNATURE Florence Odair		25. FUNERAL DIRECTOR'S SIGNATURE J E Conover		ADDRESS Clinton Mo	

RECEIVED 7-23-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 7-23-51 _____

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 _____
Student Embalmer

Signed *J E Condon* _____

Licensed Embalmer No. *1891* _____

P. O. Address *Clinton, 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 this body is not embalmed, fact should be so stated above.