

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

28442

State File No. 138442

SEP 10 1952

BIRTH NO. _____		REG. DIST. NO. 156		PRIMARY REG. DIST. NO. 2001		Registrar's No. 383	
1. PLACE OF DEATH a. COUNTY Jasper 0495				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before admission) a. STATE Missouri b. COUNTY Jasper 0495			
b. CITY (If outside corporate limits, write RURAL and give township) Joplin		c. LENGTH OF STAY (in this place) 75 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Joplin		d. STREET ADDRESS (If rural, give location) 2302 Tyler	
3. NAME OF DECEASED (Type or Print) a. (First) Sarah b. (Middle) Ellen c. (Last) Armstrong				4. DATE OF DEATH (Month) (Day) (Year) August 29, 1952			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Nov. 22, 1861	
9. AGE (In years last birthday) 90		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY same		11. BIRTHPLACE (State or foreign country) Toledo, Ohio	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME William Flynn		13b. MOTHER'S MAIDEN NAME Elnora Howard		14. NAME OF HUSBAND OR WIFE William H. Armstrong	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no		16. SOCIAL SECURITY NO. ---		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Wm. H. Armstrong, 2302 Tyler			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Valvular Heart disease ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Generalized arteriosclerosis INTERVAL BETWEEN ONSET AND DEATH Unknown				20. AUTOPSY? YES ☐ NO ☒	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4214			
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from 7-27, 1952 to 8-29, 1952 that I last saw the deceased alive on 8-27, 1952 and that death occurred at 6 p.m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) E. H. Harrison				23b. ADDRESS MIO		23c. DATE SIGNED 9-2-52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 9-2-52		24c. NAME OF CEMETERY OR CREMATORY Forest Park		24d. LOCATION (City, town, or county) (State) Joplin, Mo.	
DATE REC'D BY LOCAL REG. 9-4-52		REGISTERAR'S SIGNATURE Ed O. James		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Steve Parker Mortuary, Joplin, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 9-9-52
Jasper County Health Office

County File Number 52/9/709

Date Filed 9-9-52

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

F. M. Jones

Licensed Embalmer No. 2319

P. O. Address *Jasper, 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.