

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 2 - 1953

State File No.

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 4218 Registrar's No. 68

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

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| 1. PLACE OF DEATH a. COUNTY <u>Henry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give OR TOWN) <u>Windsor</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>Windsor</u> <u>0420</u> | |
| c. LENGTH OF STAY (in this place) <u>14 years</u> | | d. STREET ADDRESS (If rural, give location) <u>106 E. Florence</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>106 E. Florence</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>WALTER</u> b. (Middle) <u>ALBERT</u> c. (Last) <u>ARMSTRONG</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 18, 1953</u> | | |
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| 5. SEX <u>male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u> | 8. DATE OF BIRTH <u>June 15, 1885</u> | 9. AGE (In years last birthday) <u>67</u> 8 <u>3</u> Months <u>1</u> Day <u>3</u> Hours <u>Min.</u> |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Station Agent</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>CRD + P</u> | 11. BIRTHPLACE (State or foreign country) <u>West Plains, Missouri</u> | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> |
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| 13a. FATHER'S NAME <u>William David Armstrong</u> | 13b. MOTHER'S MAIDEN NAME <u>Margaret Patton</u> | 14. NAME OF HUSBAND OR WIFE <u>Alma Clubine Armstrong</u> |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>708 14 2773</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. W.A. Armstrong</u> ADDRESS <u>Windsor, Mo</u> |
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| 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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebrovascular thromboses</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | 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. <u>4201</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
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| 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) _____ |
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| 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? |
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22. I hereby certify that I attended the deceased from Feb-18, 1953 to Feb-18, 1953, that I last saw the deceased alive on Feb-18, 1953, and that death occurred at 9:00p m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Arvin M. Windsor</u> (Degree or title) | 23b. ADDRESS <u>Windsor</u> | 23c. DATE SIGNED <u>2/20/53</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>2-21-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Peabody Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Peabody, Kansas</u> |
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| DATE REC'D BY LOCAL REG. <u>Feb-23-53</u> | REGISTRAR'S SIGNATURE <u>Florence Adair</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Huston Turner</u> ADDRESS <u>Windsor, Mo.</u> |
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JUL 29 1953

FEB 18 1954

MAR 11 1953

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 William M. Turner

Licensed Embalmer No. 4648

P. O. Address Windsor, 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.