

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1910

STATE FILE NUMBER

FILED FEB 10 1958

Registration District No.

184

Primary Registration District No.

3038

Registrar's No.

15

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Brookfield</u>		c. CITY OR TOWN <u>Brookfield</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>322 Hunt</u>		d. STREET ADDRESS <u>322 Hunt</u>	
3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>W.</u> Last <u>Armstrong</u>		4. DATE OF DEATH Month <u>February</u> Day <u>1</u> Year <u>1958</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>June 28, 1879</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Railroad</u>	11. BIRTHPLACE (City and state or country) <u>Varinda, Canada</u>
13a. FATHER'S NAME <u>Thomas Armstrong</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Clara Armstrong</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		17. INFORMANT <u>Mrs. Clara Armstrong, Brookfield, Mo.</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>Coronary Thrombosis</u> DUE TO (b) <u>CORONARY in situ</u> DUE TO (c) <u>Arteriosclerosis (scurvy)</u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Hypertension</u>			INTERVAL BETWEEN ONSET AND DEATH <u>15 min</u> <u>6 months</u> <u>20 yrs</u>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>12:50</u> a.m. <u>pm</u>		20f. CITY, TOWN, OR LOCATION COUNTY <u>Missouri</u> STATE <u>Mo.</u>	
21. I attended the deceased from <u>Jan. 1955</u> to <u>Feb. 1958</u> and last saw him alive on <u>Jan. 30, 1958</u> Death occurred at <u>12:50 pm</u> on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) <u>R. L. R. M.D.</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>Feb. 4, 1958</u>	
24. FUNERAL DIRECTOR <u>J. W. Blacklock, Brookfield, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>Feb 4, 1958</u>	
26. REGISTERAR'S SIGNATURE <u>Katharine Johnson</u>		27. DATE SIGNED <u>2/3/58</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symbols. All diseases in Part I must be causally related.

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 *Gerald I Wade*

Licensed Embalmer No. *4172*

P. O. Address *Browning*

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.