

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-015045
State File No.

FILED MAY 13 1958

BIRTH NO. _____ REG. DIST. NO. 289 PRIMARY REG. DIST. NO. 5792 Registrar's No. 46

0620

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

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

3. NAME OF DECEASED (Type or Print) a. (First) <u>EMMA</u> b. (Middle) <u>FRANCIS</u> c. (Last) <u>ARMSTRONG</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4</u> <u>24</u> <u>58</u>		
5. SEX <u>Female</u>		6. COLOR OR RACE <u>white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	
8. DATE OF BIRTH <u>Sept. 4, 1875</u>		9. AGE (In years last birthday) <u>82</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Telephone Operator</u>	
11. BIRTHPLACE (State or foreign country) <u>High Point, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>0</u>		10b. KIND OF BUSINESS OR INDUSTRY	

13a. FATHER'S NAME <u>William Haywood</u>		13b. MOTHER'S MAIDEN NAME <u>Margaret Grimes</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Vivian Snyder</u> ADDRESS <u>High Point, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infirmities of Old age.</u>		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES		DUE TO (b) _____			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <u>794X</u>	
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 _____, 1950, to Apr 24, 1958, that I last saw the deceased alive on Apr 20, 1958, and that death occurred at 4:30 AM., from the causes and on the date stated above.

23a. SIGNATURE <u>F. O. Shelton M.D.</u> (Degree or title)		23b. ADDRESS <u>Eldon Mo</u>		23c. DATE SIGNED <u>Apr 25, 1958</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 27, 1958</u>		24c. NAME OF CEMETERY OR CREMATORY <u>High Point Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>High Point, Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>May 3-1958</u>		REGISTRAR'S SIGNATURE <u>Helen L. Popejoy</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Montgomery Russell</u> ADDRESS <u>MO</u>	
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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. M. Steffen* _____

Licensed Embalmer No. *2307* _____

P. O. Address *Brussels 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.