

FILED APR 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8908**

BIRTH NO. _____ **REG. DIST. NO.** 157 **PRIMARY REG. DIST. NO.** 2584 **Registrar's No.** 57

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jasper</u>		a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural - McDonald</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>rural -- McDonald</u>	
c. LENGTH OF STAY (in this place) <u>5 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Reeds</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Reeds, Mo.</u>			
3. NAME OF DECEASED		4. DATE OF DEATH (Month) (Day) (Year)	
a. (First) <u>ELSIE</u>	b. (Middle) <u>GRENINGER</u>	c. (Last) <u>ROYER</u>	
c. (Last) <u>ROYER</u>		d. DATE OF DEATH <u>March 20, 1949</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>May 10, 1895</u>
9. AGE (In years) (last birthday) <u>53</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>at home</u>
11. BIRTHPLACE (State or foreign country) <u>unknown, Oklahoma</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Aquilla Greninger</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Moss</u>	
14. NAME OF HUSBAND OR WIFE <u>Minford Royer</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>		16. SOCIAL SECURITY NO. <u>none</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Minford Royer, Rte 1, Reeds, Mo.</u>		ADDRESS	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of maxilla about 8 mo</u>		INTERVAL BETWEEN ONSET AND DEATH	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.			
II. ANTECEDENT CAUSES			
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>X</u>	
		DUE TO (c) <u>X</u>	
III. OTHER SIGNIFICANT CONDITIONS		1967 <u>X</u>	
Conditions contributing to the death but not related to the disease or condition causing death.			
19a. DATE OF OPERATION <u>0</u>	19b. MAJOR FINDINGS OF OPERATION <u>0</u>		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)	
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 <u>Jan 15, 1949</u> to <u>Mar 20, 1949</u>, that I last saw the deceased alive on <u>19 Mar, 1949</u> and that death occurred at <u>4:25 p</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H. B. Clinton</u>		23b. ADDRESS <u>Carthage Mo</u>	23c. DATE SIGNED <u>21 Mar '49</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Mar 22, 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Carthage, Missouri.</u>
DATE REC'D BY LOCAL REG. <u>Mar 22 1949</u>	REGISTRAR'S SIGNATURE <u>H. B. Clinton</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> ADDRESS <u>Carthage, Mo.</u>	

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

49
20

Rev. N. Ferguson (Licensed Embalmer's Statement on Reverse Side)

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.

Signed Robert H. Knell

Signed _____
Student Embalmer

Licensed Embalmer No. 4459

P. O. Address Carthage

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.