

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18486

BIRTH NO. _____ REG. DIST. NO. 375 PRIMARY REG. DIST. NO. 6283 Registrar's No. 20

1. PLACE OF DEATH a. COUNTY <u>Wright</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Wright</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville ElkCreek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Hartville</u>	
c. LENGTH OF STAY (in this place) <u>3 1/2</u>		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION		e. FULL NAME OF HOSPITAL OR INSTITUTION	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Samuel</u> b. (Middle) <u>E</u> c. (Last) <u>Royster</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 22 1949</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	
8. DATE OF BIRTH <u>Sept 13, 1870</u>		9. AGE (in years last birthday) <u>78</u>		IF UNDER 1 YEAR: Months <u>7</u> Days <u>9</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Wright County Mo</u>	
				12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>	

13a. FATHER'S NAME <u>John Royster</u>		13b. MOTHER'S MAIDEN NAME <u>Ellen McGill</u>		14. NAME OF HUSBAND OR WIFE <u>Laura E. Royster</u>	
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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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amy Emerson Hartville Mo</u> ADDRESS	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Lobar pneumonia</u>		DUPLICATE OF (b) _____			<u>4 days</u>
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE OF (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					<u>490X</u>

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 Apr. 16, 1949, to Apr. 22, 1949, that I last saw the deceased alive on April 22, 19, and that death occurred at 6:00 Am., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. Hough</u> (Degree or title) <u>M. D. C.</u>		23b. ADDRESS <u>Grove Spring, Mo.</u>		23c. DATE SIGNED <u>5/14/49</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4-25-1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Kinchloe Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Competeton, Mo</u>	

DATE REC'D BY LOCAL REG. <u>5/14/49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> <u>346</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Gene E. Hadden</u> ADDRESS <u>Hartville, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

District Health Officer No. 6,

District File Number 549-600

Date Filed 5-23-49

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 Gene E. Holden

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.