

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

Dr, Turner  
State File No. **10840**  
Registrar's No. **1095A**

FILED DEC 27 1949

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

BIRTH NO. _____		REG. DIST. NO. <b>128</b>		PRIMARY REG. DIST. NO. <b>2000</b>		Registrar's No. <b>1095A</b>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <b>Greene</b>		b. CITY (If outside corporate limits, write RURAL and give township) <b>Springfield</b>		a. STATE <b>Missouri</b>		b. COUNTY <b>Taney</b>	
c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) <b>Forsyth</b>		d. STREET ADDRESS <b>St. John Hosp. 0</b>		d. STREET ADDRESS (If rural, give location) <b>0</b>	
3. NAME OF DECEASED (Type or Print)				4. DATE OF DEATH		5. SEX	
a. (First) <b>Gustave</b>		b. (Middle) <b>A.</b>		c. (Last) <b>Roy</b>		6. COLOR OR RACE <b>White</b>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>July 9 1878</b>		9. AGE (In years last birthday) <b>71</b>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Pharmacist</b>	
11. BIRTHPLACE (State or foreign country) <b>Montreal Canada</b>		12. CITIZENSHIP OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Unknown</b>		13b. MOTHER'S MAIDEN NAME <b>Unknown</b>	
14. NAME OF HUSBAND OR WIFE <b>Annette Roy</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>No</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. G.A. Roy</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>myocardial infarction, acute</b>		ANTECEDENT CAUSES				3 wks	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <b>arteriosclerosis heart disease</b>	
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS				42 21	
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 checked="" type="checkbox"/> NO <input 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) (Min.)		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 <b>11/23</b> , 19 <b>47</b> , to <b>12/11</b> , 19 <b>48</b> that I last saw the deceased alive on <b>12/11</b> , 19 <b>47</b> , and that death occurred at <b>4:25 P.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Glenn T. Turner, M.D.</b>				23b. ADDRESS <b>Springfield, Mo.</b>		23c. DATE SIGNED <b>12/14/49</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>12/15/49</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Ozark Memorial</b>		24d. LOCATION (City, town, or county) (State) <b>Branson, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>12/27/49</b>		REGISTRAR'S SIGNATURE <b>W.H. Handley</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>H.H. Lohmeyer Springfield, Mo.</b>			

2967 12 APR 1961

**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 William J. Green

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. 4733

P. O. Address Springfield 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.