

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

41592

State File No.

FILED DEC 19 1949

BIRTH NO.		REG. DIST. NO. <u>283</u>		PRIMARY REG. DIST. NO. <u>5658</u>		Registrar's No. <u>276</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY <u>Lawrence</u>		b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>rural -- Vineyard</u>)		a. STATE <u>Missouri</u>		b. COUNTY <u>Lawrence</u>	
c. LENGTH OF STAY (in this place) <u>30 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>rural -- Vineyard</u>		d. STREET ADDRESS (If rural, give location) <u>Route 1, Larussell</u>		e. CITY (If outside corporate limits, write RURAL and give township) <u>55</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 1, Larussell</u>				d. STREET ADDRESS (If rural, give location) <u>Route 1, Larussell</u>			
3. NAME OF DECEASED (Type or Print)		a. (First) <u>FRANK</u>		b. (Middle) <u>BENJAMIN</u>		c. (Last) <u>ROYSTER</u>	
4. DATE OF DEATH		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 DEATH <u>October 27, 1949</u>		9. AGE (in years last birthday) <u>75</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired farmer</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede County, Missouri</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 <u>at home</u>		11. BIRTHPLACE (State or foreign country) <u>Laclede County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>John Royster</u>		13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Maude Royster</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Floyd Royster</u>		ADDRESS <u>Rte 1, Larussell, MO</u>	
18. CAUSE OF DEATH				MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)				I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>pneumonia</u>			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.				ANTECEDENT CAUSES			
				Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
				DUE TO (b) <u>cerebral hemorrhage</u>			
				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			
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION			
20. AUTOPSY? YES <input 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)		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>Oct 14, 1949</u> , to <u>Oct 28, 1949</u> , that I last saw the deceased alive on <u>Oct 26, 1949</u> , and that death occurred at <u>8:45 p.m.</u> , from the causes and on the date stated above.	
23a. SIGNATURE <u>P.A. Holmes D. M.D.</u>		23b. ADDRESS <u>Int Vernon, Mo</u>		23c. DATE SIGNED <u>10-28-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>		24b. DATE <u>Oct 30, 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Thomas Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Lawrence County, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec 12, 1949</u>		REGISTRAR'S SIGNATURE <u>Cecil Hendricks</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

RECEIVED DEC 13 1949

District Health Office No. 6,

District File Number 1249-1364

Date Filed 12-14-49

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 _____

Gene H. Parrent

Student Embalmer No. 349

working under my personal supervision.

Student Gene H. Parrent
Student Embalmer

Signed _____

Robert H. Knell

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.