

FILED FEB 4 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1347

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BIRTH NO. REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY 2568</b>	
c. LENGTH OF STAY (in this place) <b>55 YEARS</b>		d. STREET ADDRESS (If rural, give location) <b>3527 INDIANA AVENUE</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>3527 INDIANA AVENUE</b>			

3. NAME OF DECEASED (Type or Print)	a. (First) <b>JAMES</b>	b. (Middle) <b>LYTLE</b>	c. (Last) <b>ROYSTON</b>	4. DATE OF DEATH (Month) (Day) (Year) <b>JAN-17-1950</b>
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5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>JULY-21-1871</b>	9. AGE (In years last birthday) <b>78 YEARS</b>	IF UNDER 1 YEAR: Months	IF UNDER 11 HRS. Hours	IF UNDER 11 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>RETIRED - YEAR EMPLOYEE</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>W. C. WHOLESALE GROCERY</b>	11. BIRTHPLACE (State or foreign country) <b>NEAR LANCASTER KENTUCKY</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>
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13a. FATHER'S NAME <b>ALEX H. ROYSTON</b>	13b. MOTHER'S MAIDEN NAME <b>MARY R. BYERS</b>	14. NAME OF HUSBAND OR WIFE <b>MRS. MARY K. ROYSTON</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <b>No</b>	16. SOCIAL SECURITY NO. <b>490-16-8599</b>	17. INFORMANT'S SIGNATURE OR NAME <b>MRS. MARY K. ROYSTON</b>	ADDRESS <b>3527 INDIANA AVENUE KANSAS CITY, MO.</b>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>acute cardiac failure</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 hr</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Chronic Congestive Heart</b>		<b>2 yrs</b>
	DUE TO (c) <b>Anterior Sclerotic Heart Disease</b>		<b>3 yrs</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<b>Generalized Atherosclerosis</b>	

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) (Min.)	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 **5-24**, 19**48**, to **1-17**, 19**50** that I last saw the deceased alive on **1-17**, 19**50** and that death occurred at **6:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Leo M. Muller</b> (Degree or title) <b>M.D.</b>	23b. ADDRESS <b>3548 Indiana</b>	23c. DATE SIGNED <b>1-17-50</b>
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24a. BURIAL CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>JAN-19-1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>FLORAL HILLS CEMETERY</b>	24d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>
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DATE REC'D BY LOCAL REG. <b>1-19-50</b>	REGISTRAR'S SIGNATURE <b>D. H. Newcome</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>D. H. Newcome</b>	ADDRESS <b>1331 BROWN CREEK KANSAS CITY, MO.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

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

*Jess T. News*

Licensed Embalmer No. *445-3*

P. O. Address *Kansas City*

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.