

FILED MAR 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 5866

BIRTH NO. _____ REG. DIST. NO. 305 PRIMARY REG. DIST. NO. 6042 Registrar's No. 6

1. PLACE OF DEATH at Home a. COUNTY <u>St Charles</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>St Charles</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Foristell</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Foristell</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>0920</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)		a. (First) <u>Elita</u>		b. (Middle)		c. (Last) <u>ROYSTON</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb 13 50</u>		
5. SEX <u>♀</u>	6. COLOR OR RACE <u>Made White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 13-1868</u>		9. AGE (In years last birthday) <u>82-10</u>		IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (State or foreign country) <u>Ohio</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			

13a. FATHER'S NAME <u>John Royston</u>		13b. MOTHER'S MAIDEN NAME <u>Dani Know</u>		14. NAME OF HUSBAND OR WIFE <u>Anna Maxwell Foristell</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>✓</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Wallace Royston</u> ADDRESS <u>St Peters Mo</u>	

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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerosis - renal failure</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Senescent changes</u>		
	DUE TO (c) <u>Mixed arterio-sclerotic heart disease</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>179X</u>			
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) (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 May, 1945, to Feb 13, 1950, that I last saw the deceased alive on Feb 12, 1950, and that death occurred at 3 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Mark Campbell MD</u> (Degree or title)	23b. ADDRESS <u>Wright City Mo.</u>	23c. DATE SIGNED <u>2-13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Feb 15-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wright City</u>	24d. LOCATION (City, town, or county) (State) <u>Wright City Mo</u>
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DATE REC'D BY LOCAL REG. <u>Feb 25 1950</u>	REGISTRAR'S SIGNATURE <u>Matth F. P. J.</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.E. Thomas</u> ADDRESS <u>Funeral Home, Wentzville Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

920
1

_____ District File Number

District Health Officer No. 9,

RECEIVED MAR 2 1960

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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Elmer R. Pedwell

Signed.....
Student Embalmer

Licensed Embalmer No. 4077

P. O. Address _____

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.