

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13231

State File No.

1564

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CARTHAGE 0493</u>	
c. LENGTH OF STAY (in this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>1109 SOPHIA</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) <u>DR. ROBERT C. DAVIS OFFICE 820 PROFESSIONAL BLDG</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MINFORD</u>	b. (Middle) <u>AARON</u>	c. (Last) <u>ROYER</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 3 1950</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>1-7-1891</u>	9. AGE (In years last birthday) <u>59</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 14 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>retired</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>farmer</u>	11. BIRTHPLACE (State or foreign country) <u>Jasper Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Wm. ROYER</u>	13b. MOTHER'S MAIDEN NAME <u>Georgia Stone</u>	14. NAME OF HUSBAND OR WIFE <u>MRS. ELSIE ROYER</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no.</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>500-01-6649</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>MRS. ELSIE ROYER - CARTHAGE, MO.</u>
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis acute</u>		INTERVAL BETWEEN ONSET AND DEATH <u>420'</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis Chronic</u>		
	DUE TO (c) <u>ph had acute coronary occlusion 3 mo ago -</u>		
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	20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 4.3, 1950, to 4.3, 1950, that I last saw the deceased alive on 4-3, 1950, and that death occurred at 10:50 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert C. Davis</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>820 prof Bldg</u>	23c. DATE SIGNED <u>4/3/50</u>
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24a. BURIAL CREMATION (Specify) <u>BURIAL</u>	24b. DATE <u>APR 3 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>CARTHAGE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>4-3-50</u>	REGISTRAR'S SIGNATURE <u>Thelma Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>A. N. Newcomer's Sons 1331 BRUSH CREEK KANSAS CITY, MO</u>
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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 _____

working under my personal supervision.

Student Embalmer No.

Signed _____

Doyle L. Daniel

Signed
Student Embalmer

Licensed Embalmer No. *4907*

P. O. Address *Kansas City, 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.