

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31346

State File No. *872*

No. 300
10-48

FILED SEP 29 1952

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. *872*

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

1. PLACE OF DEATH a. COUNTY GREENE		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY GREENE	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. LENGTH OF STAY (In this place)	
c. CITY (If outside corporate limits, write RURAL and give township) SPRINGFIELD, Rural, N. Campbell		d. STREET ADDRESS (If rural, give location) ROUTE #4	
d. FULL NAME OF HOSPITAL OR INSTITUTION BURGE HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) ELMER	b. (Middle)	c. (Last) ROYSTER	4. DATE OF DEATH (Month) (Day) (Year) SEPT. 21, 1952
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5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH August 16 1910	9. AGE (In years last birthday) 42	10. UNDER 1 YEAR Months	11. UNDER 1 MIN. Hours	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Spfld. Ice & Refgr. Co.	10b. KIND OF BUSINESS OR INDUSTRY Ice & Refgr.	11. BIRTHPLACE (City and State or Foreign Country) New York	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Robert Royster	13b. MOTHER'S MAIDEN NAME Leffie Miller	14. NAME OF HUSBAND OR WIFE MERILYN ROYSTER
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) Yes	16. SOCIAL SECURITY NO. 331-05-5271	17. INFORMANT'S SIGNATURE OR NAME Merilyn Royster, Route #4, bx 442	ADDRESS
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Abscess, left frontal lobe of the brain, secondary to a hematoma with rupture into lateral ventricle.		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 months
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. Head injury		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 133			59363

19a. DATE OF OPERATION About 20 August	19b. MAJOR FINDINGS OF OPERATION operation performed St. Mary's Hosp. St. Louis, Mo	20. AUTOPSY? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, bldg., etc.) Springfield Ice & Ref. Co.	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Springfield Greene Mo.
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) July 3 1952 6 A.M.	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? stated he fell while pulling ice & struck head.

22. I hereby certify that I attended the deceased from **7/3 1952**, to **9/21 1952**, that I last saw the deceased alive on **9/21 1952**, and that death occurred at **3:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Horace Rich Louis, M.D.	(Degree or title)	23b. ADDRESS 10 Medical Art Bldg. Mo.	23c. DATE SIGNED 9/22/52
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 9/24/52	24c. NAME OF CEMETERY OR CREMATORY National Cemetery	24d. LOCATION (City, town, or county) (State) Springfield, Mo.
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DATE REC'D BY LOCAL REG. 9-23-52	REGISTRAR'S SIGNATURE Edith Williamson Registrar	25. FUNERAL DIRECTOR'S SIGNATURE Herman H. Lohmeyer	ADDRESS Springfield, Mo.
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JUL 14 1934

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 Levin T. Swadley

Licensed Embalmer No. 4815

P. O. Address Springfield

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.