

FILED MAY 25 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16958

State File No.

318

1003

4241

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

1. PLACE OF DEATH a. COUNTY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>St Louis Mo</u>	
c. LENGTH OF STAY (in this place) <u>2 years</u>		d. STREET ADDRESS (If rural, give location) <u>19 4373 West Pine Beds</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stone Nursing Home</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>JOSIE</u> b. (Middle) <u>BELLE</u> c. (Last) <u>ROYSTON</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 11 - 1955</u>		
--	--	--	---	--	--

5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>Dec 15 - 1870</u>	9. AGE (In years last birthday) <u>84</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>26</u>	IF UNDER 1 HR. Hours <u></u> Min. <u></u>
-----------------	---------------------------	--	---------------------------------------	---	---	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Strenuous</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Jameson Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
---	-----------------------------------	--	--

13a. FATHER'S NAME <u>Nathan Reed</u>	13b. MOTHER'S MAIDEN NAME <u>Rachel Mayo</u>	13c. NAME OF HUSBAND OR WIFE <u>Chas Royston</u>
--	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Chas Callicott</u>	ADDRESS <u>1100 Kappa Pi</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 years</u> <u>10 yrs +</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Arteriosclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>Arterio-sclerosis</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>1</u>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>331X</u>
--	--	---

22. I hereby certify that I attended the deceased from _____, 1949, to May 12, 1955, that I last saw the deceased alive on May 9, 1955, and that death occurred at 2 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Beasley m p</u>	(Degree or title)	23b. ADDRESS <u>Carleton Belle</u>	23c. DATE SIGNED <u>5-12-55</u>
--------------------------------------	-------------------	---------------------------------------	------------------------------------

24. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>May 13 - 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Calhoun Camp</u>	24d. LOCATION (City, town, or county) (State) <u>St Louis City Mo</u>
--	-----------------------------------	---	--

DATE REC'D BY LOCAL REG. <u>MAY 13 1955</u>	REGISTRAR'S SIGNATURE <u>Carl Smith m</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Borker</u>	ADDRESS <u>6536 Clay ton Rd</u>
--	--	--	------------------------------------

(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 Paul A. Wachter

Licensed Embalmer No. 4787

P. O. Address St. Louis 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.