

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

22361

State File No. ....

FILED AUG -3- 1955

3089

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		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>JACKSON</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY</u>		c. LENGTH OF STAY (in this place) <u>6 mos</u>		c. CITY OR TOWN <u>KANSAS CITY</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2035 DENVER</u>				STREET ADDRESS (If rural, give location) <u>2035 DENVER</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>HETTIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>ROYSTER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 19 1955</u>				
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>JUNE 16, 1879</u>	
9. AGE (In years last birthday) <u>76</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR-INDUSTRY		11. BIRTHPLACE (City and State or Foreign Country) <u>WRIGHT Co, MO</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR-INDUSTRY		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u>	
13a. FATHER'S NAME <u>WILLIAM EVANS</u>			13b. MOTHER'S MAIDEN NAME <u>JULIA BRENAM</u>			14. NAME OF HUSBAND OR WIFE <u>EDWARD C ROYSTER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>EDWARD C. ROYSTER 2035 DENVER</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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinomatosis</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Carcinoma breast</u> DUE TO (c) <u>Carcinoma breast left</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>Aug 26, 1947</u> <u>6 1/2 years</u> <u>9/21, '53</u> <u>170X</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) (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 <u>Aug 26, 1947</u> , to <u>July 19, 1955</u> , that I last saw the deceased alive on <u>July 19, 1955</u> , and that death occurred at <u>5:10 a.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF Informant <u>Emily Lilly M.D.</u>				23b. ADDRESS <u>807 Angyle Bldg.</u>		23c. DATE SIGNED <u>7/20, 55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7-21-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>East Slope Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Platte County MO</u>	
DATE REC'D BY LOCAL REG <u>7-20-55</u>		REGISTRAR'S SIGNATURE <u>Merv Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>D. W. Newcomer's Sons N. W. C. Mo.</u>			

WRITE PLAINLY—USING UNFAADING 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.....  
Signature of Student Embalmer

Signed..... *Glenn H. Hill*

Licensed Embalmer No. 450

P. O. Address K.C. 16.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.