

FILED MAY 4 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13468

1510

BIRTH NO.		REG. DIST. NO.	149	PRIMARY REG. DIST. NO.	1002	Registrar's No.		
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b>				b. COUNTY <b>Jackson</b>
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>48 YEARS</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>St. Luke's Hospital</b>				e. STREET ADDRESS (If rural, give location) <b>51 3309 Askew Avenue</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>OSCEOLA</b>			b. (Middle) <b>AGNES</b>		c. (Last) <b>ROYSTON</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>April 5 1956</b>	
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>September 3, 1888</b>		9. AGE (In years last birthday) <b>67</b>	IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Stenographer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Internal Revenue Dept.</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Galt, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>		
13a. FATHER'S NAME <b>John Brassfield</b>		13b. MOTHER'S MAIDEN NAME <b>Elizabeth Green</b>		14. NAME OF HUSBAND OR WIFE <b>Victor L. Royston</b>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>---</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Victor L. Royston, 3309 Askew Avenue, K.C. Mo.</b>				
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.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Pulmonary Embolus</b>					INTERVAL BETWEEN ONSET AND DEATH <b>20 minutes</b>	
		ANTECEDENT CAUSES DUE TO (b) <b>Deformity of Left Tibia</b>					<b>1928</b>	
		DUE TO (c) <b>due to old fracture</b>					<b>E 9102 X 47</b>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.								
19a. DATE OF OPERATION <b>March 16, 1956</b>		19b. MAJOR FINDINGS OF OPERATION <b>Aoductor Tenotomy left wedge &amp; Volation Osteotomy Tibia Left</b>					20. AUTOPSY? YES <input checked="" 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) (m.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>123</b>				
22. I hereby certify that I attended the deceased from <b>March 15th, 1956</b> , to <b>April 5th, 1956</b> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <b>April 4th, 1956</b> and that death occurred at <b>7:10 A m.</b> , from the causes and on the date stated above.								
23a. SIGNATURE <b>Richard H. Kiene M.D.</b>				23b. ADDRESS <b>4312 J.C. Nichols Pkwy. Kansas City, Missouri</b>		23c. DATE SIGNED <b>Apr. 5, 1956</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Apr. 7, 1956</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Floral Hills Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Kansas City Missouri</b>		
DATE REC'D BY LOCAL REG. <b>4-7-56</b>		REGISTRAR'S SIGNATURE <b>Neva Minshall</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>D.W. Newcomer's Sons, Kansas City, Missouri.</b>				

(Licensed Embalmer's Statement on Reverse Side)

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

1-5757  
m...

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 *Chester K. B...*

Licensed Embalmer No. *49*

P. O. Address *KEV*

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.