

S. No. 300
V. 10.48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3908
27791
State File No. _____
Registrar's No. 33

FILED AUG 21 1956

BIRTH NO. _____		REG. DIST. NO. 292		PRIMARY REG. DIST. NO. _____		Registrar's No. 33	
1. PLACE OF DEATH a. COUNTY <u>Demarest</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Demarest</u>			
b. CITY OR TOWN <u>St. Louis R# Halland Bluffs</u> LENGTH OF STAY (In this place) _____				c. CITY OR TOWN <u>Herrandale</u>		d. Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Halland Bluffs</u>				e. STREET ADDRESS (If rural, give location) <u>1 mi west Herrandale</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Louis</u> b. (Middle) <u>ROYSTEM</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug-5-1956</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>April 15-1894</u>	
9. AGE (In years last birthday) <u>62</u>		10. MONTH <u>6</u> DAY <u>5</u> HOUR <u>3</u> MIN. _____		9. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) _____		12. CITIZEN OF WHAT COUNTRY? _____	
13a. FATHER'S NAME <u>Hullman</u>		13b. MOTHER'S MAIDEN NAME <u>Hullman</u>		14. NAME OF HUSBAND OR WIFE <u>Estell Royster</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>999-20-8639</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Estell Royster R# St. Louis, Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia</u>				INTERVAL BETWEEN ONSET AND DEATH _____	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Chronic Prostate & Metastases</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) <u>493KH</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>2/10</u> , 19 <u>26</u> , to <u>5/20</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>2/10</u> , 19 <u>54</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>William J. ...</u> (Degree or title) _____				23b. ADDRESS <u>488 Ash St. Herrandale</u>		23c. DATE SIGNED <u>8/14/56</u>	
24a. BURIAL - CREMATION REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>8-8-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Grove</u>		24d. LOCATION (City, town, or county) (State) <u>Demarest Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>8-11-56</u>		REGISTRAR'S SIGNATURE <u>W. J. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>North Star ...</u> ADDRESS _____			

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

249
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8-214-56

AUG 20 1956

SEP 4 1956

HEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARLITHERSVILLE, MO.

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.....

Noel C. Dean

Licensed Embalmer No. *3941*

P. O. Address *Caruthersville*
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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

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