

FILED JAN 4 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 44465

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 203

1. PLACE OF DEATH a. COUNTY <b>SCOTT</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MO</b> b. COUNTY <b>St Louis</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>SIKESTON</b>	c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St Louis</b>	<b>2269</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>702 E KATHLEEN</b>		d. STREET ADDRESS (If rural, give location) <b>2711 South 13th St.</b>	
3. NAME OF DECEASED (Type or Print) a. (First) <b>FLORA</b> b. (Middle) <b>AGNES</b> c. (Last) <b>ROYAL</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>12-27-1956</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>12-25-1897</b>
9. AGE (In years last birthday) <b>59</b>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours	IF UNDER 15 MIN. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>AT HOME</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>HOUSEWIFE</b>	11. BIRTHPLACE (State or foreign country) <b>SCOTT Co MO</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
13a. FATHER'S NAME <b>JOSEPH E. MORRISON</b>		13b. MOTHER'S MAIDEN NAME <b>ADA MULLERIN</b>	
14. NAME OF HUSBAND OR WIFE <b>OLLEN ROYAL</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <b>NO</b>	16. SOCIAL SECURITY NO. (If you give war or dates of service) <b>493-24-4333</b>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Olleen Royal St Louis MO</b>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <b>Acute Coronary Thrombosis</b> MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) II. OTHER SIGNIFICANT CONDITIONS *This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death. III. ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>2 previous attacks</b> DUE TO (c) Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>5 m. n.</b>
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) <b>4201 Benton, MO</b>	
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?	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>12:45 A. m.</b> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <b>Shelma C. Buehler, M.D. Health Officer</b>		23b. ADDRESS <b>Benton, MO</b>	23c. DATE SIGNED <b>12-28-56</b>
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	24b. DATE <b>12-30-56</b>	24c. NAME OF CEMETERY OR CREMATORY <b>CITY</b>	24d. LOCATION (City, town, or county) (State) <b>SIKESTON MO</b>
DATE REC'D BY LOCAL REG. <b>12-28-56</b>	REGISTRAR'S SIGNATURE <b>Miss Olga Hunter</b>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Welch Funeral Home - Sikeston MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

DATE RECEIVED DEC 31 1956

SCOTT CO. HEALTH DEPT.

CO. FILE No. 1256-275

DEC 31 1956  
SCOTT CO. HEALTH DEPT.

**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 Raymond Lewis

Licensed Embalmer No. 3467

P. O. Address Seaton St.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

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