

DEPARTMENT OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-046794

FILED VS. DEC 21 1960

STATE FILE NUMBER

ENDED

Registration District No. 206 Primary Registration District No. 5744 Registrar's No. 57

1. PLACE OF DEATH a. COUNTY MADISON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MADISON									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Route 3		Length of stay in 1b		c. CITY OR TOWN FREDERICKTOWN		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Route 3, FREDERICKTOWN, Mo.			Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) Route 3		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First ARTHUR Middle JAMES Last ROYER				4. DATE OF DEATH Month DEC. Day 16 Year 1960									
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 9/9/1912		9. AGE (last birthday) 48		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HR	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER				10b. KIND OF BUSINESS OR INDUSTRY —		11. BIRTHPLACE (City and state or country) MADISON Co. Mo.		12. CITIZEN OF WHAT COUNTRY U.S.A.					
13a. FATHER'S NAME ARTHUR L. ROYER				13b. MOTHER'S MAIDEN NAME FRANCES JOHNSON				14. NAME OF HUSBAND OR WIFE ERMA ROYER					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				16. SOCIAL SECURITY NO. Unknown		17. INFORMANT Address MRS. ERMA ROYER, R#3, FREDERICKTOWN, Mo.							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH CAUSED BY: IMMEDIATE CAUSE (a) SKULL FRACTURE DUE TO (b) INTERNAL INJURIES DUE TO (c) BROKEN RIGHT LEG. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.										INTERVAL BETWEEN ONSET AND DEATH 3			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)								PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown					
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) TRACTOR TURN OVER ON HILL SIDE.									
20c. TIME OF INJURY Hour 9:30 a.m. 12 Month, Day, Year 12 16 60		20d. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) FARM.		20f. CITY, TOWN, OR LOCATION RT# 3		COUNTY MADISON		STATE MO.			
21. I attended the deceased from _____ to _____ and last saw him alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) Ray Wilson Coroner						22b. ADDRESS FREDERICKTOWN MO			22c. DATE SIGNED 12-17-60				
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 12/19/60		23c. NAME OF CEMETERY OR CREMATORY ROYER CEMETERY		23d. LOCATION (City, town, or county) (State) MADISON COUNTY, Mo.							
24. FUNERAL DIRECTOR SAM NASIM, Jr., Fredericktown, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 12-19-60		26. REGISTRAR'S SIGNATURE Lorence Necker					

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed

Herbert Liley

Licensed Embalmer No. 5086

P. O. Address Lutesville

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.