

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013160

STATE FILE NUMBER

AMENDED

Registration District No. 098 Primary Registration District No. \_\_\_\_\_ Registrar's No. 56

FILED APR 17 1961

1. PLACE OF DEATH a. COUNTY <u>Davis</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Davis</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Gallatin</u>		Length of stay in lb <u>2 yrs.</u>	c. CITY OR TOWN <u>Pattonburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Cox Rest Home</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Pattonburg</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Robert Middle Hamilton Last Royston 4. DATE OF DEATH Month April Day 2 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH Oct 4 1880 9. AGE (last birthday) 80

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman 10b. KIND OF BUSINESS OR INDUSTRY Salesman 11. BIRTHPLACE (City and state or country) Davis Co, Mo. 12. CITIZEN OF WHAT COUNTRY U.S.

13a. FATHER'S NAME Thomas Royston 13b. MOTHER'S MAIDEN NAME Delilah Dilly 14. NAME OF HUSBAND OR WIFE Divorced

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No 17. INFORMANT Mr. Ruth Adams Belmont Mo. Address \_\_\_\_\_

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) <u>Acute pneumonia pneumonia</u>	INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>
DUE TO (b) <u>Chronic nephritis, prostate disease</u>	<u>7 yrs</u>
DUE TO (c) <u>Arterial Sclerosis, Hypertension</u>	<u>2 yrs</u>

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Coronary heart disease, Cardiac enlargement. PART III. If deceased was female was there a pregnancy in last 90 days.  Yes  No  Unknown

19. WAS AUTOPSY PERFORMED? YES  NO  20a. ACCIDENT  SUICIDE  HOMICIDE  20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour \_\_\_\_\_ Month, Day, Year \_\_\_\_\_

20d. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) \_\_\_\_\_ 20f. CITY, TOWN, OR LOCATION \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_

21. I attended the deceased from March 10 to April 2 1961 and last saw her/him alive on April 2 1961  
Death occurred at 4:20 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) H. W. Barkley M.D. 22b. ADDRESS Gallatin Mo 22c. DATE SIGNED 4/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE April 4, 1961 23c. NAME OF CEMETERY OR CREMATORY Old Town 23d. LOCATION (City, town, or county) (State) Pattonburg Missouri

24. FUNERAL DIRECTOR Harvey A. Robinson ADDRESS Pattonburg, Mo 25. DATE RECD. BY LOCAL REG. 4-12-1961 26. REGISTRAR'S SIGNATURE Virgie Mangellert

DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

SHOULD READ ITEM NO.

**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 Harvey A. Johnson

Licensed Embalmer No. 5075  
P. O. Address Patuxent, Md.

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.