SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

=61=021003

AMENDED

Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 553A STATE FILE NUMBER

FILED JUN 19 1961

1. PLACE OF DEATH
a. COUNTY: Greene
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Springfield — Length of stay in 1b: 5 weeks
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Foster Nursing Home — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mtn. Grove — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 1 Mile West — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Way Last: Royster
4. DATE OF DEATH: Month: June Day: 1, Year: 1961
5. SEX: Male
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 10-26-1873
9. AGE (last birthday): 87 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HR.: Hours / Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Naturopath
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (City and state or country): North Andover, Wis.
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: Stan H. Royster
13b. MOTHER'S MAIDEN NAME: Elizabeth (Unknown)
14. NAME OF HUSBAND OR WIFE: Elizabeth Ringstad
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): ——
16. SOCIAL SECURITY NO.: None
17. INFORMANT: Mrs Ben Dake Address: Mtn. Grove, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): Cerebral ~~Hemorrhage~~ Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: about 2 weeks
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Arteriosclerosis & Senile Dementia — not Known
DUE TO (c): Generalized Arteriosclerosis — not Known
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Alcoholism
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 a.m. p.m. 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 Seen one time only at 8 30 am 5-31-61 and last saw her/him alive on 5-31-61
Death occurred at 8 AM m on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: Albert P. Simpson, M.D. (Degree or title)
22b. ADDRESS: Springfield Med Bldg. Springfield, Mo.
22c. DATE SIGNED: 6-8-61
23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: 6-3-1961
23c. NAME OF CEMETERY OR CREMATORY: Sweden Cemetery
23d. LOCATION (City, town, or county) (State): Mtn. Grove, Missouri
24. FUNERAL DIRECTOR ADDRESS: Evans & Craig Mtn. Grove, Missouri
25. DATE RECD. BY LOCAL REG.: 6-15-61
26. REGISTRAR'S SIGNATURE: Effie F. Mella

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | 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 me, or by _____, Student Embalmer No._____ working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed Harold Futrell

Licensed Embalmer No. 5079

P. O. Address Spfd, 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.