

MISSOURI DIVISION OF PUBLIC HEALTH AND WELFARE
STANDARD CERTIFICATE OF DEATH

-61-037549

STATE FILE NUMBER

Registration District No. 174 Primary Registration District No. 3035 Registrar's No. 82

AMENDED FILED OCT 23 1961

1. PLACE OF DEATH a. COUNTY Lafayette		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Lafayette	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lexington	Length of stay in 1b 60 years	c. CITY OR TOWN Lexington	Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lexington Memorial		d. STREET ADDRESS (If outside, give location) Myrick Road	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Ernest Middle H. Last Roy			4. DATE OF DEATH Month October Day 7 Year 1961		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH March 28 1886	9. AGE (last birthday) 74	IF UNDER 1 YEAR Months 5 Days 5	IF UNDER 24 HR Hours 5 Min. 5
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Coal Miner	10b. KIND OF BUSINESS OR INDUSTRY Mining employee	11. BIRTHPLACE (City and state or country) Osage City, Ks.	12. CITIZEN OF WHAT COUNTRY U.S.A.
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13a. FATHER'S NAME Leon Roy	13b. MOTHER'S MAIDEN NAME Constance Mallott	14. NAME OF HUSBAND OR WIFE Ethma Phillips
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	17. INFORMANT Address Mrs. Ernest Roy Lexington, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Circulatory collapse		INTERVAL BETWEEN ONSET AND DEATH 1 day 5 days 1 month
DUE TO (b) Congestive heart failure		
DUE TO (c) anemia		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Brochogenic carcinoma		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 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.)
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20c. TIME OF INJURY Hour 1:30 a.m. 10-17-60 Month, Day, Year	20d. INJURY OCCURRED WHILE AT WORK <input 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.)	20f. CITY, TOWN, OR LOCATION Lexington, Missouri	COUNTY Lafayette	STATE Missouri
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21. I attended the deceased from 10-17-60 to 10-7-61 and last saw him alive on 10-6-61 Death occurred at 1:30 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.		
22a. SIGNATURE <i>Joseph W. Walker</i> (Degree or title) M.D.	22b. ADDRESS Lexington, Missouri	22c. DATE SIGNED 10-9-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 10-9-61	23c. NAME OF CEMETERY OR CREMATORY Machpelah Cemetery	23d. LOCATION (City, town, or county) Lexington, Missouri (State)
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24. FUNERAL DIRECTOR Vaughn-Walker Lexington, Mo.	25. DATE RECD. BY LOCAL REG. 10-9-61	26. REGISTRAR'S SIGNATURE <i>M. E. Eschbacher</i>
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DATE AMENDED

INSTEAD OF

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

ITEM NO. SHOULD READ

OCT 24 1961

OCT 24 1961

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 PAUL H. WILSON, Student Embalmer No. 639

working under my personal supervision.

Student Paul H. Wilson
Signature of Student Embalmer

Signed Harold L. Walker

Licensed Embalmer No. 4588

P. O. Address Lexington, Va.

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.