

CERTIFICATE OF DEATH

FILED

AUG 21 1972

Registration District No. 27 Primary Registration District No. 3005 Registrar's No. 104

DO NOT WRITE ON THIS STUB

VS 300
Rev. 1/70

1. DECEASED—NAME FIRST MIDDLE LAST ROY B. ENDECOTT		SEX MALE	DATE OF DEATH (MONTH, DAY, YEAR) AUG. 6, 1972
2. RACE WHITE, NEGRO, AMERICAN INDIAN, ETC. (SPECIFY) WHITE		AGE—LAST BIRTHDAY (YEARS) 66	DATE OF BIRTH (MONTH, DAY, YEAR) MAY 7, 1886
3. CITY, TOWN, OR LOCATION OF DEATH BUTLER		4. HOSPITAL OR OTHER INSTITUTION—NAME (IF NOT IN EITHER, GIVE STREET AND NUMBER) BATES COUNTY HOSPITAL	
5. STATE OF BIRTH (IF NOT IN U.S.A., NAME COUNTRY) KANSAS		6. CITIZEN OF WHAT COUNTRY U. S. A.	7. SURVIVING SPOUSE (IF WIFE, GIVE MAIDEN NAME) EDNA BALLARD
8. SOCIAL SECURITY NUMBER 518-32-3780		9. USUAL OCCUPATION (GIVE KIND OF WORK DONE DURING MOST OF WORKING LIFE, EVEN IF RETIRED) CARPENTER	10. KIND OF BUSINESS OR INDUSTRY BUILDING & CONSTRUCTION
11. RESIDENCE—STATE COUNTY MISSOURI CASS		12. CITY, TOWN, OR LOCATION ARCHIE	
13. INSIDE CITY LIMITS (SPECIFY YES OR NO) YES		14. STREET AND NUMBER NONE	
15. FATHER—NAME FIRST MIDDLE LAST BENJAMIN ENDECOTT		16. MOTHER—MAIDEN NAME FIRST MIDDLE LAST SARAH EDWARDS	
17. INFORMANT—NAME MRS ENDECOTT ROY		18. MAILING ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) ARCHIE MISSOURI	
PART I. DEATH WAS CAUSED BY: (ENTER ONLY ONE CAUSE PER LINE FOR (a), (b), AND (c))			
19. IMMEDIATE CAUSE (a) Respiratory Arrest			
20. CONDITIONS, IF ANY, WHICH GAVE RISE TO IMMEDIATE CAUSE (a), STATING THE UNDERLYING CAUSE LAST (b) EUA			
(c) Bosch's Aulenz thrombosis			
PART II. OTHER SIGNIFICANT CONDITIONS: CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO CAUSE GIVEN IN PART I (a)			21. AUTOPSY (YES OR NO) NO
22. ACCIDENT, SUICIDE, HOMICIDE, OR UNDETERMINED (SPECIFY) ---			23. IF YES WERE FINDINGS CONSIDERED IN DETERMINING CAUSE OF DEATH NO
24. DATE OF INJURY (MONTH, DAY, YEAR) ---	25. HOUR ---	26. HOW INJURY OCCURRED (ENTER NATURE OF INJURY IN PART I OR PART II, ITEM 18) ---	
27. INJURY AT WORK (SPECIFY YES OR NO) ---	28. PLACE OF INJURY AT HOME, FARM, STREET, FACTORY, OFFICE (BLDG., ETC.) (SPECIFY) ---	29. LOCATION (STREET OR R.F.D. NO., CITY OR TOWN, STATE) ---	30. IF DECEASED WAS FEMALE WAS THERE A PREGNANCY IN LAST 90 DAYS NO
31. CERTIFICATION—PHYSICIAN: I ATTENDED THE DECEASED FROM 1965 TO Death		32. AND LAST SAW HIM/HER ALIVE ON Month Day Year	33. I DID/DID NOT VIEW THE BODY AFTER DEATH. NO
34. CERTIFICATION—MEDICAL EXAMINER OR CORONER: ON THE BASIS OF THE EXAMINATION OF THE BODY AND/OR THE INVESTIGATION, IN MY OPINION, DEATH OCCURRED ON THE DATE AND DUE TO THE CAUSE(S) STATED. Death		35. HOUR OF DEATH 6:32	36. THE DECEASED WAS PRONOUNCED DEAD Month Day Year
37. CERTIFIER—NAME (TYPE OR PRINT) W. W. Hone		38. SIGNATURE <i>W. W. Hone</i>	39. DEGREE OF TITLE ---
40. MAILING ADDRESS—CERTIFIER 220 W. Chestnut Nat'l. mo		41. CITY OR TOWN ---	42. STATE ---
43. ZIP 64730		44. DATE SIGNED (MONTH, DAY, YEAR) ---	
45. BURIAL, CREMATION, REMOVAL (SPECIFY) BURIAL		46. CEMETERY OR CREMATORY—NAME NEW LANCASTER	
47. LOCATION DREXEL, KANSAS		48. CITY OR TOWN DREXEL, MO.	
49. STATE KANSAS		50. DATE (MONTH, DAY, YEAR) AUG. 7, 1972	
51. FUNERAL HOME—NAME AND ADDRESS (STREET OR R.F.D. NO., CITY OR TOWN, STATE, ZIP) RUNYAN FUNERAL HOME DREXEL, MO. 64742		52. FUNERAL DIRECTOR—SIGNATURE <i>David McRae</i>	
53. REGISTRAR—SIGNATURE <i>Hugh Arant Jr M</i>		54. DATE RECEIVED BY LOCAL REGISTRAR August 18, 1972	

DECEASED

PARENTS

CAUSE

CERTIFIER

BURIAL

USUAL RESIDENCE WHERE DECEASED LIVED. IF DEATH OCCURRED IN INSTITUTION, GIVE RESIDENCE BEFORE ADMISSION.
610205

9. **20**
10a. **29**
10b. **037**
11. **01401**
12.
13. **0029119**
14. **2**
15. **4329**
16.
17.
18.
19. CREDITS
20.

Type or print in PERMANENT BLACK INK. See handbook for instructions.

Rog

NOV 6 1972

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 *L. D. McRae*

Licensed Embalmer No. 5556

P. O. Address AMSTERDAM, 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.