

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **41482**

FILED JAN 16 1950

S. No. 300  
V. 10.48

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BIRTH NO. _____		REG. DIST. NO. <u>156</u>		PRIMARY REG. DIST. NO. <u>2000</u>		Registrar's No. <u>1555</u>		
1. PLACE OF DEATH a. COUNTY <u>JASPER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>JASPER</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>		c. LENGTH OF STAY (In this place) <u>3 DAYS</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>JOPLIN</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>FREEMAN HOSPITAL</u>				d. STREET ADDRESS (If rural, give location) <u>1811 Missouri</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>ZELPHA</u> b. (Middle) <u>A.</u> c. (Last) <u>ROY</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC 22 1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>		8. DATE OF BIRTH <u>MAY 4, 1879</u>		
9. AGE (In years last birthday) <u>70</u>		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 1 HR.: Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>HOUSEWIFE</u>			11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			13a. FATHER'S NAME <u>NEWTON B. LOCKE</u>		13b. MOTHER'S MAIDEN NAME <u>ANN HOLCUMB</u>		14. NAME OF HUSBAND OR WIFE <u>W.M. ROY</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>W.M. ROY</u>			ADDRESS <u>JOPLIN, Mo</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Embolus</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Thyroidectomy</u> DUE TO (c) <u>Myocarditis</u>					INTERVAL BETWEEN ONSET AND DEATH <u>12/21/49</u> <u>2 years</u> <u>2 1/2 X</u>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		19. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) _____ (COUNTY) _____ (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____ m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? _____				
22. I hereby certify that I attended the deceased from <u>2/24</u> , 19 <u>48</u> , to <u>12/22</u> , 19 <u>49</u> , that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE <u>[Signature]</u> (Degree or title) _____				23b. ADDRESS <u>[Address]</u>		23c. DATE SIGNED <u>12/24/49</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>DEC 24 1949</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OZARK MEM. PC. CEM.</u>		24d. LOCATION (City, town, or county) <u>JOPLIN</u> (State) <u>Mo</u>		
DATE REC'D BY LOCAL REG. <u>12-29-49</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u> _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>HURLBUT GLOVER</u>		ADDRESS: <u>JOPLIN</u>		

Dr. The 92

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 1-3-50

Sevier County Health Office

County File Number 49-12-1001

Date Filed 1-11-50

JAN 7 1950

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 \_\_\_\_\_  
Student Embalmer

Signed Dale Glover

Licensed Embalmer No. 4593

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.