

FILED FEB 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

518
State File No.

BIRTH NO. _____ REG. DIST. NO. 62 PRIMARY REG. DIST. NO. 5241 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY Cedar		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Cedar	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison	c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Madison	
d. FULL NAME OF HOSPITAL OR INSTITUTION 12 Miles S. of Stockton		d. STREET ADDRESS (If rural, give location) 12 Miles S. of Stockton	

3. NAME OF DECEASED (Type or Print) William Henry Roy	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) Jan. 20, 1950
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5. SEX M <u>0</u>	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Nov. 26, 1871	9. AGE (In years last birthday) 76	IF UNDER 1 YEAR Months 1 Days 24	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Zachariah Roy	13b. MOTHER'S MAIDEN NAME Malinda Conover	14. NAME OF HUSBAND OR WIFE Minnie Roy
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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	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME ADDRESS
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 48 hrs Fall of '49 331x
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypostatic pneumonia		
	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	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 1-20-, 1950, and that death occurred at 10:30 P m., from the causes and on the date stated above.

23a. SIGNATURE <u>Wm B. Richter M.D.</u>	(Degree or title)	23b. ADDRESS <u>Stockton Mo.</u>	23c. DATE SIGNED <u>1-21-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE 1-22-1950	24c. NAME OF CEMETERY OR CREMATORY Stockton City	24d. LOCATION (City, town, or county) (State) Stockton Mo.
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DATE REC'D BY LOCAL REG 1-28-1950	REGISTRAR'S SIGNATURE <u>Geneva Garrison</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>John A. Cantlon</u>	ADDRESS <u>Stockton, Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

200

RECEIVED
District Health Officer No. 7,
District File Number 12-49-2035
Date Filed 1-31-50

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 John A. Cantlon

Licensed Embalmer No. 4387

P. O. Address Stockton, 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.