S. No. 300
10-48

680

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED AUG 10 1950

24112

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 5796 Registrar's No. 45

1. PLACE OF DEATH
a. COUNTY: Moniteau
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McGirk, Mo.
c. LENGTH OF STAY (in this place): 1 yr.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Moniteau
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): McGirk, Mo. 0680
d. STREET ADDRESS (If rural, give location): Rural Walker 0

3. NAME OF DECEASED (Type or Print)
a. (First): OSCAR
b. (Middle):
c. (Last): ROYSE

4. DATE OF DEATH (Month) (Day) (Year): Aug. 4, 1950

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married 1
8. DATE OF BIRTH: 3-4-1876
9. AGE (In years last birthday): 74 — If under 1 year: Months 5, Days 0 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): farmer
10b. KIND OF BUSINESS OR INDUSTRY: Stock & grain
11. BIRTHPLACE (State or foreign country): Edinburg, Ind. 1
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Henry Royse
13b. MOTHER'S MAIDEN NAME: Hannah Milner
14. NAME OF HUSBAND OR WIFE: Kathryn Lammert

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.: no
17. INFORMANT'S SIGNATURE OR NAME: Kathryn Royse — ADDRESS: McGirk

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cardio-vascular Disease — Carbonary occlusion — INTERVAL BETWEEN ONSET AND DEATH: ~~5 years~~ Instant death

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Hypertension / Cardio-vascular disease — 5 years
DUE TO (c): 443 x

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Diabetes mellitus — 10 months

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Nov 9, 1949, *to* Aug 4, 1950, *that I last saw the deceased alive on* July 28, 1950, *and that death occurred at* 11.30 A.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Edgar A. Kibbe M.D. 0
23b. ADDRESS: California
23c. DATE SIGNED: 8/5/50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial 0
24b. DATE: Aug. 6, 1950
24c. NAME OF CEMETERY OR CREMATORY: Salem Evangelical
24d. LOCATION (City, town, or county) (State): 5 mi. S. E. of California Mo

DATE REC'D BY LOCAL REG.: 8-8-50
REGISTRAR'S SIGNATURE: H.R. Popejoy 202 0
25. FUNERAL DIRECTOR'S SIGNATURE: A. E. Wilson — ADDRESS: California, Mo

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 8/9/5
DISTRICT HEALTH OFFICE No. 3
District File Number
Date Filed 8/9/50

JUL 15 1953

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 _____

_____, working under my personal supervision.

Student Embalmer No. _____

Signed A. E. Wilson

Signed _____
Student Embalmer

Licensed Embalmer No. 2351

P. O. Address California, 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.