

FILED NOV 5 1951

STANDARD CERTIFICATE OF DEATH

36194

State File No.

BIRTH NO. REG. DIST. NO. 366 PRIMARY REG. DIST. NO. 6241 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>Washington</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. COUNTY <u>Washington</u>	
b. CITY (If outside corporate limits, write RURAL and give name of town) <u>RURAL - BRETON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Potosi, Breton Township</u>	
c. LENGTH OF STAY (In this place) <u>20yrs</u>		d. STREET ADDRESS (If rural, give location) <u>R1, Potosi</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>R1, Potosi</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Isaac</u> b. (Middle) <u>Henry</u> c. (Last) <u>Roy</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>10 27 1951</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED: NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-16-1868</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months <u>10</u> Days <u>11</u>	IF UNDER 24 HRS. Hours <u>11</u> Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>own Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Reynolds County, Mo</u>
			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Henderson Roy</u>		13b. MOTHER'S MAIDEN NAME <u>Caroline Skaggs</u>		14. NAME OF HUSBAND OR WIFE <u>Matilda, Alice, Roy</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Joseph Roy Potosi Rt 1 Missouri</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES <u>Terminat following labor</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>due to (c) Pneumonia 60 days</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>ago. Atherosclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>and Beeble mind</u>		20. 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)		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 8/15, 1951, to 10/27, 1951, that I last saw the deceased alive on 10/26, 1951, and that death occurred at 630A m., from the causes and on the date stated above.

23a. SIGNATURE <u>J. H. ...</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Potosi, Mo.</u>		23c. DATE SIGNED <u>10/29/51</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>10-29-1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>New Masonic Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Potosi, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>10/27/51</u>		REGISTRAR'S SIGNATURE <u>Hubert ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Smith & Higginbotham, F.H. Potosi, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED

OCT 30 1951

WASH. COUNTY HEALTH DEPT.

File No. 1757-207

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 Mary M. Smith

Licensed Embalmer No. 4394

P. O. Address Potosi, 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.