

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. _____ REG. DIST. NO. 325 PRIMARY REG. DIST. NO. 4477 Registrar's No. 48

1. PLACE OF DEATH a. COUNTY <i>Schuyler</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Mo.</i> b. COUNTY <i>Schuyler</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Glenwood</i>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Glenwood 992.9</i>	
c. LENGTH OF STAY (In this place) <i>10 yrs.</i>		d. STREET ADDRESS (If rural, give location) <i>0</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>Charlotte</i> b. (Middle) <i>Isabelle</i> c. (Last) <i>Royer</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>Dec. 19, 1951</i>			
5. SEX <i>F</i>	6. COLOR OR RACE <i>W</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>	8. DATE OF BIRTH <i>April 11, 1858</i>	9. AGE (In years last birthday) <i>93</i>	IF UNDER 1 YEAR Months <i>7</i> Days <i>8</i>	IF UNDER 24 HRS. Hours <i></i> Min. <i></i>
10a. USUAL OCCUPATION (Give kind of work of the during most of working life, even if retired) <i>Housewife</i>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>

13a. FATHER'S NAME <i>John Humphrey</i>		13b. MOTHER'S MAIDEN NAME <i>Rachael Davis</i>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <i>Scott Humphrey</i> ADDRESS <i>Greentop, Mo.</i>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <i>All incidents of old age, deceased had no doctor, coroner's inquest not necessary, Death from natural causes</i> ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>Death from natural causes</i> DUE TO (c) <i></i> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <i>Allen Polston, Pres. City, Acting Coroner Magistrate</i>				INTERVAL BETWEEN ONSET AND DEATH	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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? <i>794X</i>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, 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 <i>3</i> (Degree or title)		23b. ADDRESS		23c. DATE SIGNED	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Dec. 21, 1951</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Coffey Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Downing, Mo.</i>	
DATE REC'D BY LOCAL REG. <i>Dec. 21-51</i>		REGISTRAR'S SIGNATURE <i>Miss R. J. Drake</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Moore Funeral Home</i>		ADDRESS <i>Downing Mo.</i>	

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

2980

DEC 26 1951

Date Received:
DISTRICT HEALTH OFFICE #3
District File Number 12-51-2
Date Filed: DEC 26 1951

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 Neal Payne

Licensed Embalmer No. 2550

P. O. Address Memphis 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.