

V. S. No. 300
REV. 10-48

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15721

FILED JUN 9 1952

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

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>2007</u>		Registrar's No. <u>11249</u>		
1. PLACE OF DEATH a. COUNTY <u>Butler</u>				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Oregon</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (In this place) <u>5 hrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Alton, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1750</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Doctors Hospital</u>				d. STREET ADDRESS <u>Alton, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Otis</u> c. (Last) <u>Royle</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 16 1952</u>					
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>single</u>	8. DATE OF BIRTH <u>Feb. 28, 1895</u>		9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) _____			10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Alton, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>John Thomas Royle</u>			13b. MOTHER'S MAIDEN NAME <u>unknown</u>		14. NAME OF HUSBAND OR WIFE _____			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. F.E. Robertson</u> ADDRESS <u>3740 Healey Rd. Memphis</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial infarction</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary arteriosclerosis</u> DUE TO (c) <u>Advancing age</u>					MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>12 hours</u>	
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 checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? _____
22. I hereby certify that I attended the deceased from <u>5-16-1952</u> to <u>5-16-1952</u> , that I last saw the deceased alive on <u>5-16-52</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert Chughard (M.D.)</u>				23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>5/29/52</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/29/52</u>	24c. NAME OF CEMETERY OR OBSEMATORY <u>Smith Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Alton Oregon Mo.</u>			
DATE REC'D BY LOCAL REG. <u>5-30-52</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Blaine Carter</u> ADDRESS <u>Maywood</u>				

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 5 - 1982
BUTLER CO. HEALTH CENTER
FILE No. 652-282

JUL 2 1982

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

Richard Carter

Licensed Embalmer No. 4516

P. O. Address Raymond

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.