

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

27438

State File No. ....

0180  
\$1.00  
WRITING PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED SEP 8 - 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 57 PRIMARY REG. DIST. NO. 5201 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Carroll</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carroll</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Dewitt Twp"</u>		c. LENGTH OF STAY (in this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural "Dewitt Twp"</u>		d. STREET ADDRESS (If rural, give location) <u>0183</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JEANNETTE</u> b. (Middle) <u>-</u> c. (Last) <u>ROYSE</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 2 1952</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>Nov. 2 1885</u>	9. AGE (in years, if under 1 year last birthday) Months Days <u>66</u>	10. HOURS MIN. <u>66</u>
10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Nebraska</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John Henry Royse</u>		13b. MOTHER'S M maiden NAME <u>Sarah Supman</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. S.R. Squires, Dewitt, Mo.</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, 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 <u>Mrs. S.R. Squires, Dewitt, Mo.</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>Pneumonia</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>3 yrs.</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) m.		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 <u>Nov. 17, 1946</u> to <u>Sept. 2, 1952</u> , that I last saw the deceased alive on <u>Sept. 2, 1952</u> , and that death occurred at <u>1:30 pm</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>H. Hamilton, M.D.</u> (Degree or title)			23b. ADDRESS <u>Carrollton, Mo.</u>		23c. DATE SIGNED <u>Sept. 3, 1952</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-4-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oak Hill Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Carrollton Mo.</u>		
DATE REC'D BY LOCAL REG. <u>Sept. 5, 1952</u>	REGISTRAR'S SIGNATURE <u>Pearl Koch</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Standley &amp; Gibson</u> ADDRESS <u>Carrollton, Mo.</u>		

**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 Ben W. Gibson

Licensed Embalmer No. 2961

P. O. Address Carrollton, N.C.

**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.