

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

0492

FILED MAR 10 1953

BIRTH NO. _____ REG. DIST. NO. 155 PRIMARY REG. DIST. NO. 3127 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Jasper		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper	
b. CITY (If outside corporate limits, write RURAL and give township) Webb City		c. CITY (If outside corporate limits, write RURAL and give township) Webb City	
c. LENGTH OF STAY (In this place) 13yrs		d. STREET ADDRESS (If rural, give location) 401 North Webb St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 401 N. Webb St.			

3. NAME OF DECEASED (Type or Print) a. (First) WARREN		b. (Middle) ELMER		c. (Last) ROYCE		4. DATE OF DEATH (Month) (Day) (Year) March 2, 1953	
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5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH October 13, 1868		9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 4 Days 19		IF UNDER 24 HRS. Hours Min. 			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician				10b. KIND OF BUSINESS OR INDUSTRY Retired				11. BIRTHPLACE (State or foreign country) Minnesota				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME Arron Boyce			13b. MOTHER'S MAIDEN NAME Maria Mann			14. NAME OF HUSBAND OR WIFE		
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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. 		17. INFORMANT'S SIGNATURE OR NAME Elva V. Boyce		ADDRESS Joplin, Missouri	
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardio Vascular Disease				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Disease					
		DUE TO (c) 					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 442X					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?	
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22. I hereby certify that I attended the deceased from March 1, 1953 to March 2, 1953, that I last saw the deceased alive on March 1, 1953, and that death occurred at 7:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE M. M. Stormont M.D. (Degree or title)		23b. ADDRESS Webb City, Mo.		23c. DATE SIGNED March 3/53	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE March 4, 1953		24c. NAME OF CEMETERY OR CREMATORY Thrasher Cem.		24d. LOCATION (City, town, or county) (State) Newton County, Mo.	
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DATE REC'D BY LOCAL REG. Mar 3-1953		REGISTRAR'S SIGNATURE Mar Madeline Surtgen		5. FUNERAL DIRECTOR'S SIGNATURE Hedge Lewis		ADDRESS Webb City, Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 3-9-53
Jaeger County Health Office

County File Number 52/2/226

Date Filed 3-9-53

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 Gray Lewis

Licensed Embalmer 14493

P. O. Address Webb City, 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.