

STANDARD CERTIFICATE OF DEATH

State File No. 28179

FILED SEP 14 1953

BIRTH NO. _____ REG. DIST. NO. 98 PRIMARY REG. DIST. NO. 5366 Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Daviess County, Mo.		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Daviess	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marion Twn		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural-Marion Township 0310	
c. LENGTH OF STAY (In this place) LIFE		d. STREET ADDRESS (If rural, give location) Rt. #2, Pattonsburg, Mo.	
d. FULL NAME OF HOSPITAL OR INSTITUTION Rt. #2, Pattonsburg, Mo.			
3. NAME OF DECEASED (Type or Print) Clarence Hobert Royston		4. DATE OF DEATH (Month) (Day) (Year) 8-24-53	
a. (First)		b. (Middle)	
c. (Last)			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH 11-15-1898
9. AGE (In years last birthday) 54		10. MONTHS () DAYS () HOURS () MINS. ()	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming-Carpenter		10b. KIND OF BUSINESS OR INDUSTRY Mechanic	
11. BIRTHPLACE (City and State or Foreign Country) Dentry County, Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME Charles Monroe Royston		13b. MOTHER'S MAIDEN NAME Mary Florence Persinger	
14. NAME OF HUSBAND OR WIFE Elma L. Royston			
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. Unknown	
17. INFORMANT'S SIGNATURE OR NAME Elma L. Royston, Rt. #2 Pattonsburg, Mo.		ADDRESS	
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>General Heart Disease</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Antorobalensis General</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		331X	
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 Aug 23, 1953, to Aug 24, 1953, that I last saw the deceased alive on Aug 24, 1953, and that death occurred at 4:00 P.M., from the causes and on the date stated above.			
23a. SIGNATURE <u>D. G. Johnson</u>		23b. ADDRESS <u>Jameson</u>	
23c. DATE SIGNED <u>Sept 7-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-27-53	
24c. NAME OF CEMETERY OR CREMATORY I.O.O.F Cemetery		24d. LOCATION (City, town, or county) (State) Pattonsburg, Mo.	
DATE REC'D BY LOCAL REG. 9-9-53		REGISTRAR'S SIGNATURE <u>Virginia M. Engelhart</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Frederic Smith</u>		ADDRESS Pattonsburg, Mo.	

(Licensed Embalmer's Statement on Reverse Side)

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

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 Louis Quest

Licensed Embalmer No. 40,96

P. O. Address Patton

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.