

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

36283

State File No. ....

FILED NOV 13 1953

BIRTH NO. .... REG. DIST. NO. 157 PRIMARY REG. DIST. NO. 3028 Registrar's No. 217

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Carthage</u>		c. LENGTH OF STAY (In this place) <u>2 hrs</u>	c. CITY OR TOWN <u>Carthage</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>McCune-Brooks hospital</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
		e. STREET ADDRESS (If rural, give location) <u>Route 4</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>CECIL</u> b. (Middle) <u>LEROY</u> c. (Last) <u>ROWER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>October 29, 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>April 3, 1914</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months <u>  </u> Days <u>  </u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>employee State Highway Dept</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Jasper County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Mintford Royer</u>	13b. MOTHER'S MAIDEN NAME <u>Elsie Greninger</u>	14. NAME OF HUSBAND OR WIFE <u>Minnie Dell Royer</u>
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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) <u>yes World War II</u>	16. SOCIAL SECURITY NO. <u>499-14-8849</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Minnie Royer</u> ADDRESS <u>Rte 4, Carthage, Mo</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute coronary thrombosis</u>		<u>about 3 hrs.</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) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>none</u>	

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)
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 29 Oct '53, to Oct 29 '53, that I last saw the deceased alive on 29 Oct '53, and that death occurred at 7:00pm., from the causes and on the date stated above.

23a. SIGNATURE <u>H. B. ...</u> (Degree or title)	23b. ADDRESS <u>Carthage Missouri</u>	23c. DATE SIGNED <u>30 Oct '53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>Nov 2, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hackney Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Jasper County, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>11-2-53</u>	REGISTRAR'S SIGNATURE <u>Clayton B. ...</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Knell Mortuary</u> ADDRESS <u>Carthage, Mo.</u>
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WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED NOV 12 1953  
Jasper County Health Office

County File Number 53-11-902

Date Filed NOV 13 1953

NOV

FEB 24 1954

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.....  
Signature of Student Embalmer

Signed Robert H. Knell.....

Licensed Embalmer No. 4459.....

P. O. Address Carthage.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.