

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 37206

FILED NOV 19 1954

BIRTH NO. _____		REG. DIST. NO. 140		PRIMARY REG. DIST. NO. 3024		Registrar's No. 91	
1. PLACE OF DEATH a. COUNTY Howard				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Howard			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fayette		c. LENGTH OF STAY (in this place) 1 da.		c. CITY OR TOWN Fayette		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Lee Hospital				STREET ADDRESS (If rural, give location) Cleveland Ave. 045/0			
3. NAME OF DECEASED (Type or Print) Roy		a. (First) b. (Middle) Johnson		c. (Last) Bias		4. DATE OF DEATH (Month) (Day) (Year) Nov. 2, 1954	
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH Oct. 1, 1890	
9. AGE (In years last birthday) 64		10. UNDER 1 YEAR Months 1 Days 1		11. BIRTHPLACE (City and State or Foreign Country) Howard Co. Missouri		12. CITIZEN OF WHAT COUNTRY? USA	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trucker		10b. KIND OF BUSINESS OR INDUSTRY Self Employed		13a. FATHER'S NAME Henry Bias		13b. MOTHER'S MAIDEN NAME Lucy Jane Lewis	
13c. NAME OF HUSBAND OR WIFE Grace Lee Thornhill		14. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		15. SOCIAL SECURITY NO. None		17. INFORMANT'S SIGNATURE OR NAME Mrs Roy J. Bias	
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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Carcinoma - transverse Colon ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) generalized metastasis. DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 1 yr.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X				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 Jan 1, 1954, to Nov 2, 1954, that I last saw the deceased alive on Nov 2, 1954, and that death occurred at 10 A m., from the causes and on the date stated above.							
23a. SIGNATURE (Describe or title) [Signature]				23b. ADDRESS Fayette, Mo		23c. DATE SIGNED 11/4/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 11/5/54		24c. NAME OF CEMETERY OR CREMATORY Harrisburg Cemetery		24d. LOCATION (City, town, or county) Harrisburg, Mo	
DATE REC'D BY LOCAL REG. 11-4-54		REGISTRAR'S SIGNATURE Mary K. Shell		25. FUNERAL DIRECTOR'S SIGNATURE Ralph A. Carr		ADDRESS Fayette, Mo	

(Licensed Embalmer's Statement on Reverse Side)

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

NOV 22 1955

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, ~~as by~~....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

Licensed Embalmer No..... 33

P. O. Address..... Fayette

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.