

FILED OCT 11 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29953

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 396

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) JOPLIN		c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN	
c. LENGTH OF STAY (In a place) 17 DAYS		d. STREET ADDRESS (If rural, give location) 1811 MISSOURI AVENUE	
d. FULL NAME OF HOSPITAL OR INSTITUTION ST. JOHN'S HOSPITAL			

3. NAME OF DECEASED (Type or Print) a. (First) WILLIAM b. (Middle) MERRITT c. (Last) ROY			4. DATE OF DEATH (Month) (Day) (Year) SEPT. 29, 1955		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH MAR. 11, 1882		9. AGE (In years last birthday) 73 if UNDER 1 YEAR Months Days if UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED-DISPATCHER		10b. KIND OF BUSINESS OR INDUSTRY K. C. SOUTHERN		11. BIRTHPLACE (State or foreign country) HARPER, KANSAS	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME WM P. ROY	13b. MOTHER'S MAIDEN NAME CHARITY JONES	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) UNK	16. SOCIAL SECURITY NO. _____	17. INFORMANT'S SIGNATURE OR NAME MRS. LESLIE GRAY, MINNEAPOLIS, MINN. ADDRESS _____
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 30 Minutes	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Artery Disease		II. OTHER SIGNIFICANT CONDITIONS			
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.			
		DUE TO (b) Hypertrophy of Prostate with Urinary Tension.			
		DUE TO (c) Uremia			
		Conditions contributing to the death but not related to the disease or condition causing death.		4301	

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 10/13/1947, to 9/29/1955, that I last saw the deceased alive on 9/28/55, 1955, and that death occurred at 4:55 P.M., from the causes and on the date stated above.

23a. SIGNATURE <i>[Signature]</i>	(Date or time) _____	23b. ADDRESS 321 Frisco Building Joplin, Missouri	23c. DATE SIGNED 10/1/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 10-1-55	24c. NAME OF CEMETERY OR CREMATORY UZARK MEMORIAL PARK	24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI
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DATE REC'D BY LOCAL REG. 10-4-55	REGISTRAR'S SIGNATURE <i>[Signature]</i> 138	25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO. ADDRESS _____
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

County File Number 85-18-681
Date Filed OCT 10 1955

OCT 20 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, or by _____

working under my personal supervision.

Student Embalmer No.

Signed F. M. Jones

Signed.....
Student Embalmer

Licensed Embalmer No. 2319

P. O. Address Gophers 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.