FILED APR 22 1957

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 13915

Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 46

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: ~~Macon~~ Hudson TWp — Inside Limits Yes ☐ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Still-Hildreth — Length of stay in 1b: 8 yrs.6 mos.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Wright
c. CITY OR TOWN: Mountain Grove — Inside Limits / Yes ☐ No ☐
d. STREET ADDRESS: 1141 (If outside, give location) — Reside on Farm Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First: William Middle: Charlie Last: Royal

4. DATE OF DEATH Month Day Year: March 29,1957

5. SEX: Male

6. COLOR OR RACE: White

7. MARRIED ☐ **NEVER MARRIED** ☐ **WIDOWED** ☒ **DIVORCED** ☐

8. DATE OF BIRTH: Sept.12,1880

9. AGE (In years last birthday): 76

IF UNDER 1 YEAR: Months 6 Days 17 — IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Laborer

10b. KIND OF BUSINESS OR INDUSTRY: Unknown

11. BIRTHPLACE (City and state or country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13. FATHER'S NAME: Unknown

14. MOTHER'S MAIDEN NAME: Unknown

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No (If yes, give war or dates of service): no.

16. SOCIAL SECURITY NO.: Unknown

17. INFORMANT Address: Hospital Records.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).]

PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	congestive circulatory failure	immediate
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	coronary thrombosis with myocardial infarction	immediate
DUE TO (c)	arteriosclerosis	indefinite

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a): 4201

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒ 2

20a. ACCIDENT ☐ **SUICIDE** ☐ **HOMICIDE** ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from August 25, 1948 to March 29, 1957 and last saw ~~XXXX~~ him alive on 3/28/57. Death occurred at 3 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Nancy S. Still DO

22b. ADDRESS: Macon, Missouri

22c. DATE SIGNED: 3/29/57

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial

23b. DATE: Apr. 1, 1957

23c. NAME OF CEMETERY OR CREMATORY: Mountain Grove Cem

23d. LOCATION (City, town, or county) (State): Mountain Grove Mo.

24. FUNERAL DIRECTOR: Russell Barker

ADDRESS: Mountain Grove Mo.

25. DATE RECD. BY LOCAL REG.: 3/29/57

26. REGISTRAR'S SIGNATURE: Ruth McNeely.

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

185-0

RECEIVED
MACON COUNTY HEALTH
County File No. 4.57-53
Date 4.18.57

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed Charles L. Hutton

Licensed Embalmer No. 457

P. O. Address Macon,

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.