Health, Welfare Public Service

300 -57

FILED FEB 27 1959

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-005852

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 773

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Research Hospital — Length of stay in hospital ~~1 week~~ 3 hrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri — COUNTY Jackson
b. CITY OR TOWN Kansas City — Inside Limits Yes [X] No [ ]
c. STREET ADDRESS (If outside, give location) 3215 Campbell — Reside on Farm Yes [ ] No [X]

3. NAME OF DECEASED (Type or print): First ELLA — Middle KATHLEEN — Last ROYSTON

4. DATE OF DEATH: Month Feb. Day 10, Year 1959

5. SEX: F

6. COLOR OR RACE: W

7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] DIVORCED [ ]

8. DATE OF BIRTH: 6-17-1876

9. AGE (In years last birthday): 82 — 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): Housewife

10b. KIND OF BUSINESS OR INDUSTRY: Home

11. BIRTHPLACE (City and state or country): Constantine, Michigan

12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME: Clarence Fox

13b. MOTHER'S MAIDEN NAME: Alice Kelley

14. NAME OF HUSBAND OR WIFE: Arthur E. Royston

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.: no

17. INFORMANT: Mrs. Eleanor Fehr — Address: Prairie Village, Ks.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) HEPATIC DESTRUCTION BY METASTASIS — INTERVAL BETWEEN ONSET AND DEATH: 3 MOS. ?
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) PRIMARY ADENOCARCINOMA OF COLON — 6 MOS ?
DUE TO (c)

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): NEPHROSCLEROSIS WITH MILD AZOTEMIA, SHOCK

19. WAS AUTOPSY PERFORMED? YES [X] NO [ ]

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 JAN 19, 1959, to FEB 10, 1959 and last saw her alive on FEB 9, 1959
Death occurred at 12:45 am on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): James W. Fowler, M.D.

22b. ADDRESS: 1103 GRAND AVE. KANSAS CITY, MO.

22c. DATE SIGNED: FEB 10, 1959

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

23b. DATE: 2-12-1959

23c. NAME OF CEMETERY OR CREMATORY: Bellefountaine Cemetery

23d. LOCATION (City, town, or county) (State): St. Louis, Missouri

24. FUNERAL DIRECTOR: E. Paul Amos — ADDRESS: Shawnee, Kansas

25. DATE RECD. BY LOCAL REG.: 2-10-59

26. REGISTRAR'S SIGNATURE: Neva Marshall

(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

James W. Fowler

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 .....
E. Paul Amos

Licensed Embalmer No. 4385 (4

P. O. Address Shawnee, Kansa

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.