

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-031809

STATE FILE NUMBER

Registration District No. 098 Primary Registration District No. 4165 Registrar's No. 82

FILED SEP 3 1963

1. PLACE OF DEATH a. COUNTY <u>Daviess</u> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Gallatin</u> Length of stay in 1b <u>4 Months</u> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Rousseau Rest Home</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Daviess</u> c. CITY OR TOWN <u>Gallatin</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <u>---</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
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3. NAME OF DECEASED First Middle Last <u>Mary Ann Royston</u> (Type or print)			4. DATE OF DEATH Month Day Year <u>August 16 1963</u>				
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>4-18-1878</u>	9. AGE (last birthday) <u>85</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HR Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Own Home</u>		11. BIRTHPLACE (City and state or country) <u>Daviess Co. Missouri USA</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
13a. FATHER'S NAME <u>David Smith</u>			13b. MOTHER'S MAIDEN NAME <u>Angeline Shuler</u>			14. NAME OF HUSBAND OR WIFE <u>Lewis Royston (Dec'd)</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service)			16. SOCIAL SECURITY NO. <u>---</u>		17. INFORMANT Address <u>Mrs. Raymond Taul, Gallatin, Mo.</u>		

18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardio-respiratory failure</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Atherosclerosis</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture Left Femur</u>		INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u> <u>unknown</u>
PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> Unknown		

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			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 March 29, 1963 to Aug. 16, 1963 and last saw her/him alive on Aug. 12, 1963
 Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) D. Larry Howell M.D. 22b. ADDRESS Pattonsburg, Missouri 22c. DATE SIGNED Aug 19, 1963

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE 8-18-1963 23c. NAME OF CEMETERY OR CREMATORY Scotland Cemetery 23d. LOCATION (City, town, or county) (State) Daviess Co. Missouri

24. FUNERAL DIRECTOR ADDRESS Hope Funeral Home, Gallatin, Mo. 25. DATE RECD. BY LOCAL REG. 8-22-1963 26. REGISTRAR'S SIGNATURE Virgie M. Engelhart
W. J. Drummond, Rep.

(Licensed Embalmer's Statement on Reverse Side)

DO NOT WRITE ON THIS STUB
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 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
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 BY AFFIDAVIT OF
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 MEDICAL CERTIFICATION
 USE BLACK INK OR TYPEWRITER RIBBON

SEP 5 1963

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 *A. Richerson*

Licensed Embalmer No. 3302

P. O. Address Gallatin, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.