

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-011984

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 224 Primary Registration District No. 3046 Registrar's No. 24

FILED APR 9 1962

## 1. PLACE OF DEATH

a. COUNTY

Monterey

b. CITY (If outside corporate limits, give TOWNSHIP only)

California

Length of stay in 1b

## 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE

Mo.

b. COUNTY

Monterey

Inside Limits

Yes ☒ No ☐

c. FULL NAME OF (If NOT in hospital, give location)

Lathan Hestigas

Inside Limits

Yes ☐ No ☐

d. STREET ADDRESS (If outside, give location)

9 mi. S.E.

Reside on Farm

Yes ☒ No ☐

## 3. NAME OF DECEASED

(Type or print)

First

Middle

Last

KATHRYNELIZABETHROYSE

4. DATE OF DEATH

April

Month

Day

Year

1962

## 5. SEX

female

## 6. COLOR OR RACE

white7. Married ☐ Never Married ☐Widowed ☒ Divorced ☐

## 8. DATE OF BIRTH

4-25-1895

## 9. AGE (last birthday)

77

## IF UNDER 1 YEAR

Months 2 Days 8

## IF UNDER 24 HR

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

## 11. BIRTHPLACE (City and state or country)

Monterey Co. Mo.

## 12. CITIZEN OF WHAT COUNTRY

USA.

## 13a. FATHER'S NAME

Henry B. Lammert

## 13b. MOTHER'S MAIDEN NAME

Eldra Morris

## 14. NAME OF HUSBAND OR WIFE

Oscar Royse

## 15. WAS DECEASED EVER IN U.S. ARMED FORCES?

(Yes, no, or unknown) (If yes, give war or dates of service)

no

## 16. SOCIAL SECURITY NO.

none

## 17. INFORMANT

Mrs. L. Wallen

## Address

California Mo.

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

## PART I. DEATH WAS CAUSED BY:

## IMMEDIATE CAUSE (a)

Chronic myocarditis

## INTERVAL BETWEEN ONSET AND DEATH

1 year

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

## DUE TO (b)

## DUE TO (c)

## PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

## PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

## 19. WAS AUTOPSY PERFORMED?

YES ☐ 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.

Month, Day, Year

p.m.

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

March 15, 1962to April 3, 1962and last saw her alive on April 2, 1962

## Death occurred at

5:30 A

m on the date stated above, and to the best of my knowledge, from the causes stated.

## 22a. SIGNATURE

(Degree or title)

Kenneth Lathan M.D.

## 22b. ADDRESS

California, Mo

## 22c. DATE SIGNED

4-4-62

## 23a. BURIAL, CREMATION, REMOVAL (Specify)

burial

## 23b. DATE

4-6-1962

## 23c. NAME OF CEMETERY OR CREMATORY

Salem Evangelical

## 23d. LOCATION (City, town, or county)

Monterey Co. Mo

(State)

## 24. FUNERAL DIRECTOR

## ADDRESS

A. E. WilsonCalifornia Mo.

## 25. DATE RECD. BY LOCAL REG.

4/6/62

## 26. REGISTRAR'S SIGNATURE

Helen L. Pappas

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

DATE AMENDED

VS 300  
Rev. 4/59668120680

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MAY 8 1962

JUL 14 1962

APR 19 1962

### 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. E. Wilson

Licensed Embalmer No. 2351

P. O. Address California 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.