

FILED DEC 11 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36257

No. 300
10-48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1347

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Buchanan</u>	
b. CITY (If outside corporate limits, write RURAL, and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u> 0117	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1822 Jones Street</u>		d. STREET ADDRESS (If rural, give location) <u>1822 Jones Street</u>	
3. NAME OF DECEASED a. (First) <u>HARRY</u> b. (Middle) <u>WALTER</u> c. (Last) <u>SHROYER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>11/18/1950</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Aug 7, 1977</u>
9. AGE (In years last birthday) <u>73</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Inspector</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>Swift & Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Keethsburg, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Shroyer</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Stephenson</u>		14. NAME OF HUSBAND OR WIFE <u>Earl</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>_____</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Barry Terminal</u>		ADDRESS <u>St. Joseph</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arterio Sclerosis of Endocardium</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>No facts except above</u> DUE TO (c) <u>_____</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>History of serious Prostata</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>NO</u>		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 <u>11/17</u> , 19 <u>50</u> , to <u>11/18</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>11/17</u> , 19 <u>50</u> , and that death occurred at <u>2:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Dr. John W. Wicker, M.D.</u>		23b. ADDRESS <u>89 1/2 N 8th St. Joseph, Mo.</u>	
23c. DATE SIGNED <u>11/20-1950</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>11/20/1950</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Mount Olivet</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 4, 1950</u>		REGISTRAR'S SIGNATURE <u>Carl C. Casper</u>	
REGISTRAR'S SIGNATURE <u>Barry Terminal</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Barry Terminal</u>	
ADDRESS <u>St. Joseph</u>		ADDRESS <u>St. Joseph</u>	

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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