

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1734

State File No.

FILED FEB 2 1954

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 43

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Kansas</u> b. COUNTY <u>Cherokee</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin, Missouri</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Galena, Kansas</u>	
c. LENGTH OF STAY (in this place) <u>6 Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>1204 Princeton</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. John's Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>B.</u> c. (Last) <u>Troyer</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 28 1954</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>	8. DATE OF BIRTH <u>16 March 1887</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>15</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>	11. BIRTHPLACE (State or foreign country) <u>Clayton, Indiana</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>Gideon Troyer</u>	13b. MOTHER'S MAIDEN NAME <u>Barbara Shirerman</u>	14. NAME OF HUSBAND OR WIFE <u>Never Married</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS <u>Mrs. Nellie McFall Joplin Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Foreign Body Aspiration of Trachea</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 min</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>-</u>		
	DUE TO (c) <u>Paralytic throat partial</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arteriosclerosis, Advanced</u>		<u>15 years</u>	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>E9239 46 815</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	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 1947, to 28 Jan, 1954, that I last saw the deceased alive on 28 Jan, 1954, and that death occurred at 6:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert J. Powell M.D.</u> (Degree or title)	23b. ADDRESS <u>Galena Kansas</u>	23c. DATE SIGNED <u>29 Jan 54</u>
---	-----------------------------------	-----------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-30-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Immanuel Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>4 miles east of Carthage MO.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>1-30-54</u>	REGISTRAR'S SIGNATURE <u>Ed S. James</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Roy L. Dejeff</u> ADDRESS <u>Galena Mo.</u>
---	--	---

(Licensed Embalmer's Statement of Reverse Side)

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

RECEIVED FEB 1 1954

Jasper County Health Office

County File Number 54-2-89

Date Filed FEB 1 1954

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 _____

DERFELT FUNERAL HOME

Student Embalmer No. _____

working under my personal supervision.

Signed *Paul Glover*

Signed _____
Student Embalmer

Licensed Embalmer No. 4593

P. O. Address Joplin, 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 this body is not embalmed, fact should be so stated above.