

FILED DEC 13 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36624

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1277

1. PLACE OF DEATH a. COUNTY Buchanan		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Buchanan	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN St. Joseph		c. CITY OR TOWN St. Joseph	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) 50 yrs.		f. STREET ADDRESS (If rural, give location) 3421 Monterey Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION 3421 Monterey Street			

3. NAME OF DECEASED (Type or Print) a. (First) Rollo b. (Middle) Irvin c. (Last) Troup			4. DATE OF DEATH (Month) (Day) (Year) December 3, 1954			
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH October 25, 1878	9. AGE (In years last birthday) 76	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) Ret. Janitor		10b. KIND OF BUSINESS OR INDUSTRY Bakery	11. BIRTHPLACE (City and State or Foreign Country) Maxwell, Iowa.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Henry H. Troup		13b. MOTHER'S MAIDEN NAME Rebecca Nally		14. NAME OF HUSBAND OR WIFE Hattie E. Troup	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 499-20-4496		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Hattie E. Troup St. Joseph, Mo.	

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) Cerebral Thrombosis			INTERVAL BETWEEN ONSET AND DEATH Sudden
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis.			
		DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Carcinoma of Prostate Conditions contributing to the death but not related to the disease or condition causing death.			

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)		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) (Min.)		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 Febr 1, 19 54, to Nov 29th 19 54, that I last saw the deceased alive on Nov 29, 19 54, and that death occurred at 4:00 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Dr. Raymond L. Smith D.O.</u>		23b. ADDRESS 209-10 Kirkpatrick Bldg		23c. DATE SIGNED 12-6-54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec. 6, 1954		24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery	
				24d. LOCATION (City, town, or county) (State) St. Joseph, Missouri.	

DATE REC'D BY LOCAL REG. Dec. 8, 1954		REGISTRAR'S SIGNATURE <u>Walter M. Allison</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter M. Allison</u> ADDRESS <u>St. Joseph, Mo</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

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. *Albert C. Harrington*
Licensed Embalmer No...3258..

P. O. Address..... St. Joseph

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.