

AUG 8 - 1955

THE DIVISION OF HEALTH
STANDARD CERTIFICATE OF DEATHState File No. 21132BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 775

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. LENGTH OF STAY (In this place) <u>68 Yrs.</u>		c. CITY OR TOWN <u>St. Joseph</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hosp.</u>				f. STREET ADDRESS (If rural, give location) <u>515 No. 11 St.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>			b. (Middle) <u>HOWARD</u>		c. (Last) <u>CONROY</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 27, 1955</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>Dec. 17, 1881</u>		9. AGE (In years last birthday) <u>73</u>	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	IF UNDER 1000 Min. Hours	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Freight House</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>St. Joseph, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>			
13a. FATHER'S NAME <u>Peter C. Conroy</u>			13b. MOTHER'S MAIDEN NAME <u>Louise Foley</u>		14. NAME OF HUSBAND OR WIFE <u>None</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>708-14-0957</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Miss Florence Conroy, St. Joseph, Mo</u>				ADDRESS	
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>Congestive heart failure.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>1 month.</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.				DUE TO (b) <u>Arteriosclerotic heart disease.</u>					
				DUE TO (c) <u>4200</u>					
II. OTHER SIGNIFICANT CONDITIONS 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)		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>7-22-55</u> , 19 <u>55</u> , to <u>July 27, 1955</u> , that I last saw the deceased alive on <u>July 27, 1955</u> , and that death occurred at <u>11:05 P.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>[Signature]</u>				23b. ADDRESS <u>902 Edmond St. St. Joseph, Mo.</u>		23c. DATE SIGNED <u>8-1-55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>July 30/55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Olivet Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>				
DATE REC'D BY LOCAL REG. <u>Aug 4, 1955</u>		REGISTRAR'S SIGNATURE <u>[Signature]</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>St. Joseph</u>			

(Licensed Embalmer's Statement on Reverse Side)

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 *Eric J. Chanay*.....

Licensed Embalmer No. *467*.....

P. O. Address *E. J. Chanay*.....

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.