

FILED AUG 8 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21231**

BIRTH NO. _____ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **768**

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.		e. STREET ADDRESS (If rural, give location) 104 1/2 No. 2nd St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 104 1/2 No. 2nd St.			

3. NAME OF DECEASED (Type or Print) a. (First) JAMES	b. (Middle)	c. (Last) ROMINE	4. DATE OF DEATH (Month) (Day) (Year) July 31 1955
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married	8. DATE OF BIRTH July 7, 1877	9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Days	Hours	Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer	10b. KIND OF BUSINESS OR INDUSTRY Guinn Hide Co.	11. BIRTHPLACE (City and State or Foreign Country) Virginia	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Romine	13b. MOTHER'S MAIDEN NAME Mary Garret	14. NAME OF HUSBAND OR WIFE None
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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. 500-07-2395	17. INFORMANT'S SIGNATURE OR NAME Donald Guinn ADDRESS 120 No. 2nd St.
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION St. Joseph, Mo.		INTERVAL BETWEEN ONSET AND DEATH 1 day
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Acute Coronary Thrombosis ANTECEDENT CAUSES. Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO Generalized Arteriosclerosis DUE TO (c) 4201		
II. OTHER SIGNIFICANT CONDITIONS man died while alone in his room, he has been complaining of indigestion for the past week.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **viewed on 7/31, 1955**, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at **3:00 P.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) H. F. Mandy (Coroner) M.D.	23b. ADDRESS St. Joseph Mo	23c. DATE SIGNED 7/31/55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 8-3-1955	24c. NAME OF CEMETERY OR CREMATORY Odd Fellows Public Cem	24d. LOCATION (City, town, or county) (State) St. Joseph, Mo.
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DATE REC'D BY LOCAL REG. Aug 2, 1955	REGISTRAR'S SIGNATURE Cather M. Allison	FUNERAL DIRECTOR'S SIGNATURE Philo Rupp ADDRESS St. Joseph, Mo.
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(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, ~~only~~, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Rupp*.....

Licensed Embalmer No. *398*.....

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.