

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

FILED AUG 22 1955

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 873

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>	
c. LENGTH OF STAY (In this place) <u>63 Yrs</u>		d. STREET ADDRESS (If rural, give location) <u>2224 Sylvania Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Missouri Methodist Hospital</u>			

3. NAME OF DECEASED (Type or Print) <u>Roy Thomas Froeschle</u>		4. DATE OF DEATH <u>August 12-1955</u>	
a. (First)		b. (Middle)	
c. (Last)		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>October 8-1888</u>		9. AGE (In years of UNDER 1 YEAR of UNDER 24 HRS. last birthday) Months Days Hours Min. <u>66Yrs</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired; Plumber & Steam Fitter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Cook Plmb Co</u>	
11. BIRTHPLACE (City and State or Foreign Country) <u>Excelsior Springs, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>John Froeschle</u>	13b. MOTHER'S MAIDEN NAME <u>Amelia Wickler</u>	14. NAME OF HUSBAND OR WIFE <u>Jessie Froeschle</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>491-10-0984</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Jessie Froeschle</u> City, ADDRESS <u>2224 Sylvania</u>
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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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>8-9 hours</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Respiratory Failure</u>		years
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pulmonary Fibrosis</u> DUE TO (c) <u>Hypertrophic emphysema; pulmonary hypertension; right heart enlargement and failure.</u>		

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) (Min.)	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 August 11, 1955, to August 12, 1955, that I last saw the deceased alive on August 12, 1955, and that death occurred at 3:17 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Daryl C. Toller, Jr. M.D.</u> (Degree or title)	23b. ADDRESS <u>2224 Sylvania St. Joseph, Missouri</u>	23c. DATE SIGNED <u>8/22/55</u>
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24. BURIAL/CREMATION REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Aug. 15, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park Cemetery</u> (City, town, or county) (State) <u>St. Joseph, Missouri.</u>
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DATE REC'D BY LOCAL REG. <u>Aug 16, 1955</u>	REGISTRAR'S SIGNATURE <u>Roethen M. Allison</u>	485-2	25. FUNERAL DIRECTOR'S SIGNATURE <u>Werner St. Joseph, Mo.</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
Student Embalmer

Signed.....

Raymond H. Henehea

Licensed Embalmer No. 413

P. O. Address St. Joseph, Missouri,

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.