

FILED OCT 3-1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

29054

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 1029

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 OR TOWN <u>St. Joseph</u>		c. CITY OR TOWN <u>St. Joseph</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1215 S. 22nd Street</u>		e. STREET ADDRESS (If rural, give location) <u>1215 S. 22nd Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Ray</u> b. (Middle) <u>Robert</u> c. (Last) <u>Royer</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>September 22, 1955</u>	
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>September 15, 1882</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Ret. Marble &amp; Tile setter, Self employed</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Adel, Iowa.</u>	9. AGE (In years last birthday) <u>73</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Adel, Iowa.</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Calvin S. Royer</u>		13b. MOTHER'S MAIDEN NAME <u>Jennie Davis</u>	
13c. NAME OF HUSBAND OR WIFE <u>Amah Leah Royer</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>497-12-1456</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Amah L. Royer</u>		ADDRESS <u>St. Joseph, 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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Congestive Heart Failure</u>  ANTECEDENT CAUSES DUE TO (b) <u>Chronic Diabetes Mellitus</u>  DUE TO (c) <u>260X</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"/>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
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>3/1</u> , 19 <u>55</u> , to <u>9/22</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>9/21</u> , 19 <u>55</u> , and that death occurred at <u>8:50A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>H F Mundy MD</u> (Degree or title)		23b. ADDRESS <u>2801 Sacramento St. Joseph, Missouri</u>	
23c. DATE SIGNED <u>9/23/55</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 24, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ashland Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>St. Joseph, Mo.</u>
DATE REC'D BY LOCAL REG <u>Sept 27, 1955</u>	REGISTRAR'S SIGNATURE <u>Kathleen M. Allison</u> <u>485</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>One</u> ADDRESS <u>St. Joseph, Mo.</u>	

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 emba

by me, or by .....<sup>\*\*\*</sup>....., Student Embalmer No.....

working under my personal supervision..

Student.....<sup>Z\*\*\*\*</sup>.....  
Signature of Student Embalmer

Signed *Raymond W. Moore*.....  
Licensed Embalmer No..4413..M

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

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa  
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.