

FILED MAY 21 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15653**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **42** PRIMARY REG. DIST. NO. **1000** Registrar's No. **532**

1. PLACE OF DEATH a. COUNTY <b>Buchanan Missouri</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Buchanan</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Buchanan St. Joseph</b>		c. LENGTH OF STAY (In this place) <b>25 years</b>	c. CITY OR TOWN <b>St. Joseph</b>
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
e. STREET ADDRESS (If rural, give location) <b>3204 Mitchell Ave.</b>		<b>01170</b>	

3. NAME OF DECEASED (Type or Print) <b>ROY</b>	a. (First) <b>ROY</b>	b. (Middle) <b>H.</b>	c. (Last) <b>RHORER</b>	4. DATE OF DEATH <b>May 10, 1956</b>
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>	8. DATE OF BIRTH <b>December 2, 1896</b>	9. AGE (In years last birthday) <b>58 57</b>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 HRS. Hours	IF UNDER 1 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>foreman</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Corps of Engineers</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>Lexington, Kentucky</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>unknown</b>	13b. MOTHER'S MAIDEN NAME <b>unknown</b>	14. NAME OF HUSBAND OR WIFE <b>Dora A. Rhorer</b>
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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) <b>yes W.W. #1</b>	16. SOCIAL SECURITY NO. <b>493-18-4557</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Roy Rhorer, 3204 Mitchell, St. Joseph, Mo</b>	ADDRESS
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  *This does not mean mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Coronary Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>30 minutes</b>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	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"/>
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21a. ACCIDENT OR SUICIDE (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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22. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	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 **5-10**, 19**56**, to \_\_\_\_\_, 19\_\_\_\_, that I <sup>never saw</sup> ~~found~~ the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **10:20p.m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Richard L. Thagrin</b>	(Degree or title) <b>M.D. Physician + Surgeon</b>	23b. ADDRESS <b>St. Joseph, Mo</b>	23c. DATE SIGNED <b>5-11-56</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>5/14/1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Memorial Park Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>St. Joseph, Missouri</b>
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DATE REC'D BY LOCAL REG <b>May 16, 1956</b>	REGISTRAR'S SIGNATURE <b>Richard M. Allison</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Heston - Bowman</b>	ADDRESS <b>St. Joseph, Mo</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

MAY 11 1956

MAY 1 1958

MAY 23 1958

MAY 18 1958

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..... Eugene Wood

Licensed Embalmer No. 380

P. O. Address 314 So 10th St

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.