

FILED FEB 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4696

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 56

1. PLACE OF DEATH a. COUNTY <u>Howell</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE <u>Arkansas</u> b. COUNTY <u>Fulton</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>West Plains</u>		c. CITY, (If outside corporate limits, write RURAL and give township) <u>Viola</u>	
c. LENGTH OF STAY (In this place)		d. STREET ADDRESS (If rural, give location) <u>8230</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Stoll Surgical Hosp.</u>		e. STREET ADDRESS <u>8230</u>	

3. NAME OF DECEASED a. (First) <u>JAMES</u> b. (Middle) <u>MICHEL</u> c. (Last) <u>CROPPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 3 1950</u>		
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W</u>	
8. DATE OF BIRTH <u>JAN 20 - 49</u>		9. AGE (In years last birthday) <u>1</u>		10. IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ark</u>	
12. CITIZEN OF WHAT COUNTRY?		13a. FATHER'S NAME <u>MITCHELL CROPPER</u>		13b. MOTHER'S MAIDEN NAME <u>Velma Harbor</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>_____</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Velma Cropper Viola Ark</u>		18. ADDRESS <u>Viola Ark</u>		19. _____	

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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Acute Cardiac Decompensation</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Extreme Cardiac Dilatation</u>		DUE TO (c) <u>?</u>			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>0</u>				4343	

19a. DATE OF OPERATION <u>0</u>		19b. MAJOR FINDINGS OF OPERATION <u>0</u>		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 2/3, 1950, to 2/3, 1950, that I last saw the deceased alive on 2/3, 1950, and that death occurred at 4 P.m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> (Degree or title)		23b. ADDRESS <u>West Plains</u>		23c. DATE SIGNED <u>2/3/50</u>	
24a. BURIAL CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-8-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Viola Cemi.</u>	
24d. LOCATION (City, town, or county) (State) <u>Viola Ark</u>		DATE REC'D BY LOCAL REG. <u>2-13-50</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u>		ADDRESS <u>Highway 10th Funeral Home, Salem Ark</u>		379	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED 2/20/50
District Health Officer No. 5,
District File Number 252-118
Date Filed 2/24/50

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.

Signed J. W. Best

Signed _____
Student Embalmer

Licensed Embalmer No. 459

P. O. Address Pacahontas Ark

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.