

FILED JUN 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

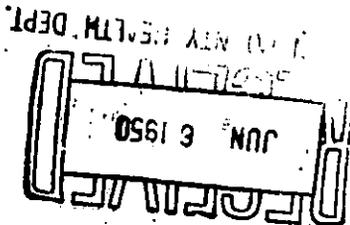
State File No. 17262

510

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

BIRTH NO. _____ REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3072 Registrar's No. 68

1. PLACE OF DEATH a. COUNTY Johnson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Johnson	
b. CITY OR TOWN Rural Warrensburg	c. LENGTH OF STAY (in this place) Life	c. CITY OR TOWN Rural Warrensburg 0570	d. STREET ADDRESS (If rural, give location) R.R. #5 Warrensburg
3. NAME OF DECEASED (Type or Print) a. (First) Alice b. (Middle) Roop c. (Last) Mahler		4. DATE OF DEATH (Month) (Day) (Year) May 28, 1950	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED Widowed	8. DATE OF BIRTH August 6, 1872
9. AGE (in years last birthday) 77	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Homemaking	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Ezra Roop	13b. MOTHER'S MAIDEN NAME Nancy Baile	14. NAME OF HUSBAND OR WIFE Jesse D. Mahler	
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. None	17. INFORMANT'S SIGNATURE OR NAME Mrs George Scott Warrensburg Mo	
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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 2 days
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Arteriosclerosis & previous DUE TO (c) Cerebral embolism	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		5 yrs 3.31x
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		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 1-1, 1947, to 5-28, 1950, that I last saw the deceased alive on 5-27, 1950, and that death occurred at 1:30 P.M., from the causes and on the date stated above.			
23a. SIGNATURE R. Lee Cooper MD (Degree or title)		23b. ADDRESS Warrensburg Mo	23c. DATE SIGNED 5-30-50
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 5-30-50	24c. NAME OF CEMETERY OR CREMATORY Roop Cemetery	24d. LOCATION (City, town, or county) (State) Johnson County Missouri
DATE REC'D BY LOCAL REG. June 1, 1950	REGISTRAR'S SIGNATURE Saranah Outebald	147	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Warrensburg, Mo



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 *J. W. Bauninger*

Licensed Embalmer No. 3377

P. O. Address Warrensburg, Mo

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.