

FILED APR 9 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9116**

BIRTH NO. _____		REG. DIST. NO. 164		PRIMARY REG. DIST. NO. 3032 Registrar's No. 37	
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 (If outside corporate limits, write RURAL and give OR TOWN Warrensburg,)		c. LENGTH OF STAY (In this place) 2 years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Holden		
d. FULL NAME OF HOSPITAL OR INSTITUTION: 418 No. Maguire			d. STREET ADDRESS (If rural, give location) 908 South Olive St.,		
3. NAME OF DECEASED (Type or Print) a. (First) Harrison		b. (Middle) Hudson	c. (Last) Ropp	4. DATE OF DEATH (Month) (Day) (Year) March 17 1951	
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Feb. 22 1860	9. AGE (In years last birthday) 91	IF UNDER 1 YEAR Months 0 Days 23
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired City Marshall		10b. KIND OF BUSINESS OR INDUSTRY Public	11. BIRTHPLACE (State or foreign country) Knoxville, Iowa		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Ropp		13b. MOTHER'S MAIDEN NAME Julia Frances Duncan		14. NAME OF HUSBAND OR WIFE Ora Lee Hightower dec'd	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no XXXX		16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Samuel B. Ropp, Holden, Missouri		
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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic Myocarditis		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 3 yrs
	ANTECEDENT CAUSES <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i>		DUE TO (b) _____		
	DUE TO (c) _____		II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i> Gen Arteriosclerosis		
19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION 4221		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) no	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 4221		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Holden, Missouri		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) ✓	21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? ✓			
22. I hereby certify that I attended the deceased from Oct , 19 48 , to March 16 1951 , that I last saw the deceased alive on March 16, 1951 , and that death occurred at 5:30 Am. , from the causes and on the date stated above.					
23a. SIGNATURE Kelly Rawlins (Degree or title) M.D.			23b. ADDRESS Holden, Mo		23c. DATE SIGNED 3/19/51
24a. BURIAL (CREMATION, REMOVAL) (Specify) Burial	24b. DATE March 19 '51	24c. NAME OF CEMETERY OR CREMATORY Holden Cemetery	24d. LOCATION (City, town, or county) (State) Holden, Missouri		
DATE REC'D BY LOCAL REG. Mar. 29, 1951	REGISTRAR'S SIGNATURE S. J. [Signature]		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Canaday & Ropp, Holden, Missouri		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
APR 3 1951
RECEIVED
JOHNSON COUNTY HEALTH DEPT.

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 *M. J. Canada* _____

Licensed Embalmer No. *343/4* _____

P. O. Address *Holden 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.