

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

34602

State File No.

FILED NOV 9 1951

BIRTH NO. _____ REG. DIST. NO. 215 PRIMARY REG. DIST. NO. 5943 Registrar's No. 186

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

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits) write RURAL and give township <u>Rural - Spring Creek</u> OR TOWN <u>Yancy Mills</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Yancy Mills</u> <u>Spring Creek</u>	
c. LENGTH OF STAY (In this place) <u>Life</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 63 Yancy Mills</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63 - Yancy Mills</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>NELLIE</u>	b. (Middle) <u>ANN</u>	c. (Last) <u>ROPER</u>	Oct. 28, 1951		(Year)

5. SEX <u>Fe.</u>	6. COLOR OR RACE <u>Wh.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>infant</u>	8. DATE OF BIRTH <u>Sept. 6, 1951</u>	9. AGE (In years last birthday)	IF UNDER 1 YEAR	IF UNDER 1 HR.
				<u>1</u> Months	<u>21</u> Days	Hours Min.

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>Yancy Mills, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>
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13a. FATHER'S NAME <u>Sam Roper</u>	13b. MOTHER'S MAIDEN NAME <u>Nora Hildreth</u>	14. NAME OF HUSBAND OR WIFE --
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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) --	16. SOCIAL SECURITY NO. --	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Roper</u>	ADDRESS <u>Yancy Mills, Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Encephalitis</u>		INTERVAL BETWEEN ONSET AND DEATH
	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. <u>Malnutrition</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>493x</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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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I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on 10/27/51, 19____, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>S. E. Nunn, Coroner</u>	(Degree or title)	23b. ADDRESS <u>Rolla, Mo</u>	23c. DATE SIGNED <u>10/28/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 30, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgar Springs, Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Edgar Springs, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Oct. 29, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stalls</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Nunn</u>	ADDRESS <u>Rolla, Mo</u>
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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.....
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working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed..... *Paul E. Mull*

Licensed Embalmer No..... *4498*

P. O. Address..... *Rolla, 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.