V.S. No. 300
Rev. 10.48

FILED FEB 1 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 764

BIRTH NO. _____ REG. DIST. NO. 77 PRIMARY REG. DIST. NO. 3016 Registrar's No. 30

0264

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City
c. LENGTH OF STAY (In this place): 7yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St. Marys Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.)
a. STATE: Missouri
b. COUNTY: Cole
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Jefferson City 0264
d. STREET ADDRESS (If rural, give location): 1824 W. Mainx St.

3. NAME OF DECEASED (Type or Print): a. (First) Lewis b. (Middle) Louis c. (Last) Horace Roper

4. DATE OF DEATH (Month) (Day) (Year): Jan 25, 1953

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: Aug. 15, 1888
9. AGE (In years last birthday): 62 — If under 1 year: Months 5, Days 10 — If under 24 hrs.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Supt. Laundry
10b. KIND OF BUSINESS OR INDUSTRY: Mo. State Prison
11. BIRTHPLACE (City and State or Foreign Country): Cleveland, Ohio.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: unk.
13b. MOTHER'S MAIDEN NAME: unk
14. NAME OF HUSBAND OR WIFE: Georgia L. Roper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no — (If yes, give war or dates of service): no
16. SOCIAL SECURITY NO.: 498-09-8008
17. INFORMANT'S SIGNATURE OR NAME: Mrs Georgia Roper — **ADDRESS**: Jefferson City, 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, asthenia, etc. It means the disease, injury, or complication which caused death.)

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerotic heart disease — INTERVAL BETWEEN ONSET AND DEATH: 1 month

ANTECEDENT CAUSES — Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) arteriosclerosis — 1 year
DUE TO (c) 4200

II. OTHER SIGNIFICANT CONDITIONS — Conditions contributing to the death but not related to the disease or condition causing death: Acute nephritis — 1 wk.

19a. DATE OF OPERATION: 8
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from Jan 1, 1952 to Jan 25, 1953, that I last saw the deceased alive on Jan 25, 1953, and that death occurred at 2:20P m., from the causes and on the date stated above.

23a. SIGNATURE: N Tanagawa (Degree or title) MD
23b. ADDRESS: Boelmeyer Bldg
23c. DATE SIGNED: 1/25/53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Jan 27, 1953
24c. NAME OF CEMETERY OR CREMATORY: Memorial Park Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Mo.

DATE REC'D BY LOCAL REG.: Jan 25-53
REGISTRAR'S SIGNATURE: R. P. Norris MD-MR
25. FUNERAL DIRECTOR'S SIGNATURE: Victor Buescher — ADDRESS: Jefferson City, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

MAR 19 1954

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 Victor Buescher

Licensed Embalmer No. 3701

P. O. Address Jefferson City 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.

N 29 1953

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State of Missouri } ss.
County of Cole }

State File No. 764

AFFIDAVIT FOR CORRECTION OF A RECORD

Local Registrar's No.

On this 26th day of Jan., 1953, before me appears Georgia Roper, who, upon her oath, states that the original record of ~~birth~~ death for Lewis H. Roper, ~~born~~ died Jan. 25th, 1953, in the State of Missouri, and which was filed at Jefferson City on ....., 19....., should be corrected as follows:

Item No. 3a should read Lewis

Instead of Louis

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

Item No. ..... should read .....

Instead of .....

The above is true to the best of my knowledge, information and belief.

(SEAL)

State of Missouri }
County of Buchanan } ss.

Affiant Georgia Roper wife
Relationship.

1428 W Main Jefferson City, Mo
Present Address.

Subscribed and sworn to before me this 26th day of Jan, 1953

My Commission expires June 6, 1956

C. Gordon Marcum Notary Public.

m V. S. 135
M—8-43
I X37817

S-764