S. No. 300
v. 10.48

0770 /

FILED NOV 23 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39851
State File No.

BIRTH NO. _____ REG. DIST. NO. 264 PRIMARY REG. DIST. NO. 4244 Registrar's No.

1. PLACE OF DEATH
a. COUNTY: Ozark
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield
c. LENGTH OF STAY (In this place): 28 years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Home-Bakersfield, Mo.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Ozark
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Bakersfield 0770
d. STREET ADDRESS (If rural, give location): 0

3. NAME OF DECEASED (Type or Print)
a. (First): Clay
b. (Middle): C.
c. (Last): Cropper

4. DATE OF DEATH (Month) (Day) (Year): 11- 9- 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: 6-7-1869
9. AGE (In years last birthday): 84 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

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

13a. FATHER'S NAME: Albert Cropper
13b. MOTHER'S MAIDEN NAME: Martha Russell
14. NAME OF HUSBAND OR WIFE: Dovie Cropper

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS: Silas Cropper-Bakersfield, 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.*

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*(a) Acute dilitation of heart — 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) Generalized Arteriosclerosis

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Carcinoma of rectum — 24 yrs

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION: 154X
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* _____, 1947, *to* Nov. 9, 1953, *that I last saw the deceased alive on* Nov. 9, 1953, *and that death occurred at* 4:40P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): D R Sains D.O.
23b. ADDRESS: Bakersfield. Mo.
23c. DATE SIGNED: 11-14-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: 11-11-1953
24c. NAME OF CEMETERY OR CREMATORY: Flutie Cemetery
24d. LOCATION (City, town, or county) (State): Baxter County Arkansas

DATE REC'D BY LOCAL REG. NOV 23 1953
REGISTRAR'S SIGNATURE: Clyde A. Bridges
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Wayne N. Foster - Mt. Home, Ark.

(Licensed Embalmer's Statement on Reverse Side)

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

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 Wayne N. Foster

Licensed Embalmer No. 1052

P. O. Address Mt. Home, 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.