

FILED OCT 28 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32903

State File No.

BIRTH NO.		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>3030</u>		Registrar's No. <u>380</u>	
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Illinois</u> b. COUNTY <u>Peoria</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kirksville</u>		c. LENGTH OF STAY (In this place) <u>13 days</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Peoria</u>		d. STREET ADDRESS (If rural, give location) <u>513-E-Republic</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Laughlin Hosp. & Clinic</u>				4. DATE (Month) (Day) (Year) OF DEATH <u>Oct. 21, 1954</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>CHARLES</u>		b. (Middle) <u>ALBERT</u>		c. (Last) <u>ROPER</u>		5. SEX <u>Male</u>	
6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Dec. 7, 1887</u>		9. AGE (In years last birthday) <u>66</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Sp. Sales Rep.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Publishing Co.</u>		11. BIRTHPLACE (State or foreign country) <u>Greene County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>William Fry Roper</u>			13b. MOTHER'S MAIDEN NAME <u>Minerva Jane Sparkman</u>			14. NAME OF HUSBAND OR WIFE <u>Gladys (Roop) Roper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes W.W.I U.S.N.</u>		16. SOCIAL SECURITY NO. <u>328-07-1619</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Gladys Roper, Peoria, Illinois</u> <u>513-E-Republic</u>			
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>Coronary Thrombosis</u> ANTECEDENT CAUSES <u>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</u> DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH <u>13 days</u>	
11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Wrenia</u>		19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>		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) m.		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 <u>Oct 9, 1954</u> , to <u>Oct 21, 1954</u> , that I last saw the deceased alive on <u>Oct 21, 1954</u> , and that death occurred at <u>12:15 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>A. T. Rhoads, M.D.</u>				23b. ADDRESS <u>Kirksville, Mo</u>		23c. DATE SIGNED <u>10-21-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>10-22-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Evergreen Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Republic, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>10-22-54</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>		5. FUNERAL DIRECTOR'S SIGNATURE <u>Robert B. Harris</u>		ADDRESS <u>Kirksville, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

JAN 17 1963

OCT 29 1962

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 Robert B. Davis

Licensed Embalmer No. 4219

P. O. Address Kingsville, 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.