

FILED JAN 24 1955

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **131**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **5102** Registrar's No. **4**

1. PLACE OF DEATH a. COUNTY <b>Benton</b> 1		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Benton</b>	
b. CITY OR TOWN <b>Rural Fristoe</b>		c. CITY OR TOWN <b>Fristoe</b>	
c. LENGTH OF STAY (In this place) <b>Life</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>none</b>			
No. STREET ADDRESS (If rural, give location) <b>Fristoe Township 0880</b>			

3. NAME OF DECEASED (Type or Print) a. (First) <b>URA</b> b. (Middle) <b>ARMINDA</b> c. (Last) <b>LOPP</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 14, 1955</b>		
5. SEX <b>Female</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <b>Aug 23, 1879</b>		9. AGE (Years last birthday) <b>75</b>		IF UNDER 1 YEAR Months <b>4</b> Days <b>21</b>	
IF UNDER 24 HRS. Hours <b>0</b> Min.		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Housewife</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>	
11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A</b>			

13a. FATHER'S NAME <b>Salmon Yates</b>		13b. MOTHER'S MAIDEN NAME <b>Arbell Swann</b>		14. NAME OF HUSBAND OR WIFE <b>deceased</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>no</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Archie Lopp</b> ADDRESS <b>Fristoe, Mo</b>	

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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the liver</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 year</b>	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		DUE TO (b) _____		DUE TO (c) _____	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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) <b>1561</b>	
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 **Aug**, 1954, to **Jan 4, 1955**, that I last saw the deceased alive on **Dec 28, 1954**, and that death occurred at **10:00 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE (Name or title) <b>O O Bailey J R</b>		23b. ADDRESS <b>Warrens, Mo</b>		23c. DATE SIGNED <b>Jan 14-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>Jan 16, 1955</b>		24c. NAME OF CEMETERY OR-CREMATORY <b>Fristoe Cemetery</b>	
24d. LOCATION (City, town, or county) (State) <b>Fristoe Benton Co, Mo</b>		DATE REC'D BY LOCAL REG. <b>Jan 16 1955</b>		REGISTRAR'S SIGNATURE <b>Jas A Logan</b>	
25. FUNERAL DIRECTOR'S SIGNATURE <b>John F Reese</b>		ADDRESS <b>Warsaw, Mo</b>			

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

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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 ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *John J. Reese*

Licensed Embalmer No. *40*

P. O. Address *Waseca*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.