

FILED SEP 16 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **29603**BIRTH NO. _____ REG. DIST. NO. **382** PRIMARY REG. DIST. NO. **5545** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY HOWARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN RURAL (CHARITON)		c. CITY OR TOWN GLASGOW (RURAL)	
c. LENGTH OF STAY (in this place) 78 yrs		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 11 mi S.W. Glasgow		STREET ADDRESS (If rural, give location) 11 mi S.W. GLASGOW	

3. NAME OF DECEASED (Type or Print)	a. (First) ROY	b. (Middle) SUMMERVILLE	c. (Last) CROPP	4. DATE OF DEATH (Month) 8 (Day) 30 (Year) 1955
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5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED married	8. DATE OF BIRTH SEPT. 8, 1876	9. AGE (In years last birthday) 78	10. IF UNDER 1 YEAR Days	11. IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during part of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farm	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Alexander Cropp	13b. MOTHER'S MAIDEN NAME Florence Cropp	14. NAME OF HUSBAND OR WIFE Margaret Nelson
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME Jesse Cropp	ADDRESS Glasgow, Mo
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH no yrs.
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I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis	DUE TO (b)
ANTECEDENT CAUSES	DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Enter pneumonia, Bronchitis	3
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4221	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) m.	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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22. I hereby certify that I attended the deceased from **Feb - 19, 1949** to **8-30, 1955**, that I last saw the deceased alive on **8-30, 1955**, and that death occurred at **5:00 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE J. W. Baird M.D. (Degree or title)	23b. ADDRESS Glasgow, Mo	23c. DATE SIGNED 8.31.55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Sept 4, 1955	24c. NAME OF CEMETERY OR CREMATORY Rose Hill Cemetery	24d. LOCATION (City, town, or county) (State) Howard County, Mo.
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DATE REC'D BY LOCAL REG Sept. 1, 1955	REGISTRAR'S SIGNATURE Walker Audsley	25. FUNERAL DIRECTOR'S SIGNATURE Audsley - Fremouth	ADDRESS Glasgow, Mo
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(Licensed Emballer'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.....
Signature of Student Embalmer

Signed.....

J. Walker Audsley

Licensed Embalmer No. *331*

P. O. Address *Glasgow*

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.