

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3972

State File No.

FILED MAR 4 1957

BIRTH NO. _____ REG. DIST. NO. 23 PRIMARY REG. DIST. NO. 3010 Registrar's No. 148

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY OR TOWN <u>Cape Girardeau</u>		c. CITY OR TOWN <u>Advance</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. LENGTH OF STAY (in this place) <u>2 days</u>		STREET ADDRESS (If rural, give location) <u>Rt 2 Pike Township - Stoddard Co</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Missouri Hosp</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Jacob</u> b. (Middle) <u>David</u> c. (Last) <u>Tropf</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 12, 1957</u>		
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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>Nov. 20, 1878</u>	9. AGE (In years last birthday) <u>78</u>	IF UNDER 1 YEAR Days <u>3</u>	IF UNDER 1 HR. Hours <u>22</u>	IF UNDER 15 MIN. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Martin David Tropf</u>		13b. MOTHER'S MAIDEN NAME <u>Julia Gross</u>		14. NAME OF HUSBAND OR WIFE <u>Loft Jenkins Tropf</u>			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>492-42-3517</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Louise Tropf</u> ADDRESS <u>Advance Mo</u>			
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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	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Arteriosclerotic Heart Disease</u>		<u>Antecedent Causes</u>				<u>5 yr</u>	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				<u>10 yr</u>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				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) <u>Advance Mo</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)			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 10:55 to 2-12, 1957, that I last saw the deceased alive on 2-12, 1957, and that death occurred at 2:20 p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Harold Riddings MD</u>		23b. ADDRESS <u>Cape Girardeau, Mo</u>		23c. DATE SIGNED <u>2/24/57</u>	
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24a. BURIAL, CREMATION REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Feb 14, 1957</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co. Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>2-25-57</u>		REGISTRAR'S SIGNATURE <u>C. C. Summers</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John W. Morgan</u> ADDRESS <u>Advance Mo.</u>	
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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 *W^m H Morgan*.....
Licensed Embalmer No. *4640*

P. O. Address *Advance*.....

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.