

VARI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-040657

FILED VS DEC 14 1959 /57

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. 3028 Registrar's No. 226

UNRECORDED

1. PLACE OF DEATH a. COUNTY <u>Jasper</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Jasper</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Carthage</u>	Length of stay in 1b <u>3 weeks</u>	c. CITY OR TOWN <u>Carthage</u>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>McCune-Brooks hosp.</u>		d. STREET ADDRESS (If outside, give location) <u>Route 2</u>	
Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>CHARLES</u> Middle <u>HARRISON</u> Last <u>ROPP</u>			4. DATE OF DEATH Month <u>Nov.</u> Day <u>30</u> Year <u>1959</u>		
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5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2-16-08</u>	9. AGE (last birthday) <u>51</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>deputy sheriff</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>police</u>	11. BIRTHPLACE (City and state or country) <u>Holden, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>USA</u>
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13a. FATHER'S NAME <u>Harrison Ropp</u>	13b. MOTHER'S MAIDEN NAME <u>Ora Hightower</u>	14. NAME OF HUSBAND OR WIFE <u>Nina Beard Ropp</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>89-24-5915</u>	17. INFORMANT Address <u>Nina Ropp, Rte 2, Carthage, Mo</u>
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Adhesive Mediation - Pericarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>Unknown</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Unknown</u>		
DUE TO (c) _____		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Fracture of Lumbar vertebra</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>Twisting motion when he stepped back</u>
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from 12-10-53 to 11-30-59 and last saw her/him alive on 11-30-59
 Death occurred at 9:44 pm on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <u>W. T. McNe</u> <u>M.D.</u>	22b. ADDRESS <u>Carthage, Mo</u>	22c. DATE SIGNED <u>12-1-59</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	23b. DATE <u>12-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Park Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Carthage, Mo</u>
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24. FUNERAL DIRECTOR ADDRESS <u>Knell Mortuary, Carthage, Mo</u>	25. DATE RECD. BY LOCAL REG. <u>12-3-59</u>	26. REGISTRAR'S SIGNATURE <u>W. T. McNe</u>
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DOCUMENT

BY AFFIDAVIT OF W. T. McNE MEDICAL CERTIFICATION

VS DEC 14 1959

DEC 23 1959

MAR 8 1960

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

Gen. C. Pugh

Licensed Embalmer No. 4731

P. O. Address Carthage

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.