

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=62-017948

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 15

Primary Registration District No. 3004

Registrar's No. 38

38

FILED MAY 28 1962

VS 300
Rev. 4/59

0061
20290

3

4 0

5 2

6

7 0

8 2

94201

10

11.

12/1-0

132-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY <u>Barton</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Dade</u>		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Lamar Mo.</u>		Length of stay in 1b <u>1wk</u>	c. CITY OR TOWN <u>Greenfield Mo.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Memorial Hospital</u>			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>205 N Main</u>	
3. NAME OF DECEASED (Type or print) First <u>Littleton</u> Middle <u>House</u> Last <u>Roper</u>			4. DATE OF DEATH Month <u>May</u> Day <u>14</u> Year <u>1962</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>Aug 24 1882</u>	9. AGE (last birthday) <u>79</u>	IF UNDER 1 YEAR Months <u>8</u> Days <u>20</u> Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Druggist</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Drug</u>	11. BIRTHPLACE (City and state or country) <u>Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>USA</u>
13a. FATHER'S NAME <u>Wm H Roper</u>		13b. MOTHER'S MAIDEN NAME <u>Lauretta Rusk</u>		14. NAME OF HUSBAND OR WIFE <u>Glendolyn Roper</u>	
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>none</u>		17. INFORMANT <u>Faust Roper Tulsa Okla.</u> Address	
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>Acute Myocardial Infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>					<u>Years</u>
DUE TO (c) <u></u>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Pulmonary Fibrosis</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
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/>	20b. SUICIDE <input type="checkbox"/>	20c. HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <u>7:50</u> a.m. / p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" 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
21. I attended the deceased from <u>5/4/62</u> to <u>5/15/62</u> and last saw him alive on <u>5/14/62</u> . Death occurred at <u>7:50 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE <u>A.R. Cain MD</u> (Degree or title)			22b. ADDRESS <u>Lamar Mo</u>		22c. DATE SIGNED <u>5/19/62</u> (State)
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>May 16 1962</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Maple Park</u>		23d. LOCATION (City, town, or county) <u>Springfield Mo.</u>
24. FUNERAL DIRECTOR <u>Allison Funeral Home Greenfield Mo.</u> ADDRESS			25. DATE RECD. BY LOCAL REG. <u>5-23-62</u>	26. REGISTRAR'S SIGNATURE <u>Marie Kenney</u>	

OCT 30 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 _____
Signature of Student Embalmer

Signed W.R. Allison

Licensed Embalmer No. 4404
P. O. Address Greenville, S.C.

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.

Permit Not obtained 7/17/62