

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-023668

STATE FILE NUMBER

Registration District No. 157 Primary Registration District No. 5589 Registrar's No. 102

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

0490
20490

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4 1
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DATE AMENDED

INSTEAD OF

SHOULD READ

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY JASPER		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JASPER	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN UNION TWP.		Length of stay in 1b ? yrs.	c. CITY OR TOWN CARTHAGE
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CARTHAGE ROUTE # 3		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE # 3
3. NAME OF DECEASED (Type or print) First Middle Last SALLY SALLIE D. ROPER		4. DATE OF DEATH Month Day Year JUNE 22, 1962	
5. SEX FEMALE	6. COLOR OR RACE WHITE	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH AUG. 27, 1882
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSEWIFE		10b. KIND OF BUSINESS OR INDUSTRY HOME	11. BIRTHPLACE (City and state or country) STOUTS CITY, MO. U.S.A.
13a. FATHER'S NAME RUFUS HODGES		13b. MOTHER'S MAIDEN NAME DOROTHY FRENCH	12. NAME OF HUSBAND OR WIFE THOMAS A. ROPER
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE	17. INFORMANT Address GILBERT ROPER, JOPLIN, MO.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerosis - Cardiovascular Disease.			INTERVAL BETWEEN ONSET AND DEATH 5 yrs +
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) DUE TO (c)			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arthritis Deformans 20 yrs			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"/> 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.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year			
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
21. I attended the deceased from Jan 1956 , to 6-22-62 and last saw her alive on 6-21-62 Death occurred at 6:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE George H. Wood (Degree or title) M. D.		22b. ADDRESS CARTHAGE, MO.	22c. DATE SIGNED 6/22/62 (State)
23a. BURIAL CREMATION REMOVAL (Specify) BURIAL	23b. DATE 6-24-62	23c. NAME OF CEMETERY OR CREMATORY DUDMAN CEMETERY	23d. LOCATION (City, town, or county) JASPER CO. MISSOURI
24. FUNERAL DIRECTOR ULMER-MOSS FUNERAL HOME, SARCOXIE, MO.		25. DATE RECD. BY LOCAL REG. 6-23-62	26. REGISTRAR'S SIGNATURE EW Clinton

USE BLACK INK OR TYPEWRITER RIBBON

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

Melvin Garrett

Licensed Embalmer No. 5121

P. O. Address CARTHAGE, MO.

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.