

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-024084

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 264 Primary Registration District No. 5896 Registrar's No. 33

FILED JUN 25 1962

VS 300
Rev. 4/59

1 0770
2 0770-
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4 1
5 0
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9 600.2
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12 90-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK OR TYPEWRITER RIBBON

1. PLACE OF DEATH a. COUNTY Ozark		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Ozark	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wasola Length of stay in 1b Most of Life		c. CITY OR TOWN Wasola, Mo. Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last Eunice Cropper			4. DATE OF DEATH Month Day Year June 19, 1962
5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 5-20-01
9. AGE (last birthday) 61		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired - Retarded all of life		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Souder, Missouri
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME Thomas Cropper	
13b. MOTHER'S MAIDEN NAME Angeline Martin		14. NAME OF HUSBAND OR WIFE	
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 Clair Cropper, Almartha, Mo.		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) Acute Leukemia DUE TO (b) Acute Pyelitis DUE TO (c) Chronically Infected Kidneys 15 yr PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Congenital Idiocy			INTERVAL BETWEEN ONSET AND DEATH 3-4 days 15 yr
19. WAS AUTOPSY PERFORMED? YES <input 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.)			
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 6-14-62 to 6-20-62 and last saw her ^{him} alive on 6-20-62 Death occurred at 3: P. M. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) M. C. Bentley M.D.		22b. ADDRESS AJA MO	
22c. DATE SIGNED 6-20-62			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6-21-62	
23c. NAME OF CEMETERY OR CREMATORY Jackson		23d. LOCATION (City, town, or county) (State) Romance, Missouri	
24. FUNERAL DIRECTOR Linkingbeard Funeral Home, Ava, Mo.		25. DATE RECD. BY LOCAL REG. 6/21/62	
26. REGISTRAR'S SIGNATURE Lou Anna C Wade			

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 *John C. Blankinbeard*

Licensed Embalmer No. 4830

P. O. Address *Ada, 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.

Permit not obtained O.E.B.