

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-011234

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 128
FILED MAR 27 1963

Primary Registration District No. 2005

Registrar's No. 436

VS 300
Rev. 4/59

1 0397

2 0220

3

4 1

5 2

6

7 0

8 1

9 4/10X

10

11 125-0

13

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Christian</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Springfield</u>		Length of stay in 1b <u>1 day</u>	c. CITY OR TOWN <u>Chadwick, RFD</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Springfield Baptist Hosp.</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>7 Miles SW</u>
3. NAME OF DECEASED (Type or print) First Middle Last <u>Jemima Rosetta "Etta" House</u>			4. DATE OF DEATH Month Day Year <u>March 20, 1963</u>
5. SEX <u>Female</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>11/13/1892</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (last birthday) <u>70</u>
13a. FATHER'S NAME <u>Edward Dwyer</u>		13b. MOTHER'S MAIDEN NAME <u>Elizabeth Teeters</u>	14. NAME OF HUSBAND OR WIFE <u>George N. House</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. [REDACTED]	11. BIRTHPLACE (City and state or country) <u>Cedar County, Mo.</u>
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cardiac arrhythmia, close to ventricular fibrillation, nearly complete & severe conduction of ventricular values & severely enlarged R & L ventricles & circumplexation.</u> DUE TO (b) <u>Rheumatic fever</u> DUE TO (c)		12. CITIZEN OF WHAT COUNTRY <u>USA</u>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			INTERVAL BETWEEN ONSET AND DEATH <u>yes?</u> <u>unknown.</u>
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <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		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from <u>19 Mar/63</u> to <u>20 Mar/63</u> and last saw her <u>alive</u> on <u>19 Mar/63</u> . Death occurred at <u>7:40 a.m.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>J. S. Roper M.D.</u>		22b. ADDRESS <u>Ozark, Mo</u>	
22c. DATE SIGNED <u>22 Mar/63</u>		23d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3/23/1963</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Chadwick Cemetery</u>		23d. LOCATION (City, town, or county) (State) <u>Chadwick, Missouri</u>	
24. FUNERAL DIRECTOR <u>J. L. Harris</u>		25. DATE RECD. BY LOCAL REG. <u>3-26-63</u>	
ADDRESS <u>Ozark, Mo.</u>		REGISTRAR'S SIGNATURE <u>Effie S. Maltz</u>	

S. D. ROPEL, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

APR 26 1963

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 Harris

Licensed Embalmer No. 4390

P. O. Address Ozark, 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.