

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-63-016640

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 382 Primary Registration District No. 5655 Registrar's No. 244

STATE FILE NUMBER

FILED APR 17 1963

VS 300
Rev. 4/59

10550

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>LAWRENCE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JASPER</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MT. VERNON</u>		Length of stay in 1b <u>1 day</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MISSOURI STATE SANATORIUM</u>		d. STREET ADDRESS (If outside, give location) <u>1521 HIGHVIEW</u>	
3. NAME OF DECEASED (Type or print) First <u>Thomas</u> Middle <u>A</u> Last <u>ROPER</u>		4. DATE OF DEATH Month <u>APRIL</u> Day <u>10</u> Year <u>1963</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>2-13-75</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>STOTTS CITY, MO</u>	11. BIRTHPLACE (City and state or country) <u>USA</u>
13a. FATHER'S NAME <u>William E. Roper</u>		14. NAME OF HUSBAND OR WIFE <u>Sallie D. Roper</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of)		17. INFORMANT <u>A9 HOSPITAL RECORD, MO. S.S. MT. VERNON, MO.</u>	
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>MASSIVE PULMONARY HEMORRHAGE</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 MIN.</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>PULMONARY DISEASE CAUSE UNKNOWN, SUSPECT TUBERCULOSIS</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)			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 <u>APRIL 9, 1963</u> to <u>APRIL 10, 1963</u> and last saw ^{her} him alive on <u>APRIL 10, 1963</u> Death occurred at <u>4:10 A.M.</u> m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>A. Vernon Longibility, M.D.</u>		22b. ADDRESS <u>MO. S.S. MT. VERNON, MISSOURI</u>	22c. DATE SIGNED <u>4-10-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4-12-63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Dudman Cemetery</u>	23d. LOCATION (City, town, or county) <u>Jasper Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Ulmer-Moss Funeral Home, Sarcoxie, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4-15-63</u>	26. REGISTRAR'S SIGNATURE <u>Ray Mathan</u>

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.