

FILED MAR 27 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **8195**

BIRTH NO. _____ REG. DIST. NO. **102** PRIMARY REG. DIST. NO. **5416** Registrar's No. **5**

1. PLACE OF DEATH a. COUNTY DUNKLIN		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY DUNKLIN	
b. CITY (If outside corporate limits, write RURAL and give town) Rural Cardwell Buffalo		c. CITY (If outside corporate limits, write RURAL and give township) U350 OR TOWN CARDWELL, MISSOURI Rural Buffalo	
c. LENGTH OF STAY (In this place) 15 Years		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE			

3. NAME OF DECEASED (Type or Print) a. (First) ROY b. (Middle) JEFFERSON c. (Last) DROPE			4. DATE OF DEATH (Month) (Day) (Year) MAR. 8, 1950		
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) DIVORCED	8. DATE OF BIRTH OCT. 27, 1898	9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months 4 Days 9
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARM	11. BIRTHPLACE (State or foreign country) RECOR, ARKANSAS	12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME TOM J. DROPE	13b. MOTHER'S MAIDEN NAME ADA JENKINS	14. NAME OF HUSBAND OR WIFE DIVORCED
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service) NONE	16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME MRS EDNA DROPE ADDRESS CARDWELL, MISSOURI
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Tuberculosis		INTERVAL BETWEEN ONSET AND DEATH 002A
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Asthma		

19a. DATE OF OPERATION None	19b. MAJOR FINDINGS OF OPERATION None	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) None	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) None	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) None
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) None	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? None

22. I hereby certify that I attended the deceased from **Not attended Medically**, 19___, to ___ 19___, that I last saw the deceased alive on ___ 19___, and that death occurred at ___ m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Walter C. Hawkin Coroner	23b. ADDRESS Kennett, Mo.	23c. DATE SIGNED 3-9-50
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE Mar. 12, 1950	24c. NAME OF CEMETERY OR CREMATORY Cardwell	24d. LOCATION (City, town, or county) (State) Cardwell, MO
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DATE REC'D BY LOCAL REG. 5-14-58	REGISTRAR'S SIGNATURE E.L. Harrison	25. FUNERAL DIRECTOR'S SIGNATURE 85 ADDRESS MCDANIEL FUNERAL SERVICE, INC.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-16-80

COUNTY FILE NUMBER 350-92

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.

Signed _____

A. J. Crawford
A. J. CRAWFORD
Licensed Embalmer No. 4466

Signed _____
Student Embalmer

P. O. Address: SENATH, MISSOURI

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 this body is not embalmed, fact should be so stated above.