No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED DEC 1 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 36868

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 3025 Registrar's No. 62

1. PLACE OF DEATH
a. COUNTY: Howell
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): West Plains
c. LENGTH OF STAY (in this place): 1 D.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): West Plains Christa Hogan Hosp

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Mo.
b. COUNTY: Ripley
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Doniphan 0911
d. STREET ADDRESS (If rural, give location): /

3. NAME OF DECEASED (Type or Print): a. (First) Jno. b. (Middle) Lee c. (Last) Gropp
4. DATE OF DEATH (Month) (Day) (Year): 8 - 8 - 50
5. SEX: M.
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): N. M.
8. DATE OF BIRTH: Unk
9. AGE (In years last birthday): 5 | IF UNDER 1 YEAR Months Days | IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired):
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Texas /
12. CITIZEN OF WHAT COUNTRY?:
13a. FATHER'S NAME: John J. Gropp
13b. MOTHER'S MAIDEN NAME: Thelma Burk
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):
16. SOCIAL SECURITY NO.:
17. INFORMANT'S SIGNATURE OR NAME: John J. Gropp ADDRESS: Doniphan Mo.

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Multiple Fractures - Left Ribs with Injury to Left Lung -
DUE TO (b) _____
DUE TO Car - Train Accident

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: few minutes ~~in Hosp.~~

E 8104

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: 046
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT SUICIDE HOMICIDE (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Hiway-RR Crossing
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): Willow Springs - Howell - Missouri
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): 8 - 8 - 1950 A m.
21e. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [X]
21f. HOW DID INJURY OCCUR: CAR HIT FREIGHT TRAIN

22. *I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at* A *m., from the causes and on the date stated above.*

23a. SIGNATURE: [illegible] M.D. - Coroner (Degree or title)
23b. ADDRESS: Howell Co. West Plains Mo
23c. DATE SIGNED: 27-11-50

24a. BURIAL, CREMATION, REMOVAL (Specify): B
24b. DATE: Unk
24c. NAME OF CEMETERY OR CREMATORY: Unk
24d. LOCATION (City, town, or county) (State): Unk

DATE REC'D BY LOCAL REG.: 11-28-50
REGISTRAR'S SIGNATURE: Beatrice Cook 379
25. FUNERAL DIRECTOR'S SIGNATURE: Robertson West Plains Mo ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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 L. J. Drago

Signed.....
Student Embalmer

Licensed Embalmer No. 4547

P. O. Address.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wi
the above constitutes grounds for revocation of license.)

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