

FILED DEC 12 1951

STANDARD CERTIFICATE OF DEATH

38388

State File No.

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5943 Registrar's No. 223

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY OR TOWN <u>Rural Yancy Mills Spring Creek</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Yancy Mills Rural-Spring Creek</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 63-Yancy Mills</u>		d. STREET ADDRESS (If rural, give location) <u>Highway 63 at Yancy Mills</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>GUSTA</u> b. (Middle) <u>LEE</u> c. (Last) <u>ROPER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 2, 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Singlè</u>	8. DATE OF BIRTH <u>July 13, 1950</u>
9. AGE (In years last birthday) <u>1</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>--</u>	
10b. KIND OF BUSINESS OR INDUSTRY <u>--</u>		11. BIRTHPLACE (State or foreign country) <u>Yancy Mills, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Sam Roper</u>		13b. MOTHER'S MAIDEN NAME <u>Nora Hildreth</u>	14. NAME OF HUSBAND OR WIFE <u>--</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>--</u>		18. SOCIAL SECURITY NO. <u>--</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Sam Roper</u> ADDRESS <u>Yancy Mills, Mo.</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia (Lobar)</u> ANTECEDENT CAUSES <u>Malnutrition, anemia</u> DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <u>?</u> Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>490X</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
22. I hereby certify that I attended the deceased from <u>Nov. 28, 1951</u> , to <u>Dec. 1, 1951</u> , that I last saw the deceased alive on <u>Dec. 1, 1951</u> , and that death occurred at <u>1 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Richard E. Mendenhall</u>		23b. ADDRESS <u>Newburg, Mo.</u>	23c. DATE SIGNED <u>Dec 4 51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 3, 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Edgar Springs Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Edgar Springs, Mo.</u>
DATE REC'D BY LOCAL REG. <u>Dec. 6, 1951</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	380	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul E. Zull</u> ADDRESS <u>Rolla, Mo.</u>

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

RECEIVED
Phelps County Health Officer,
County File Number _____
Date Filed Dec. 10, 1951

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed..... Paul E. Gull

Licensed Embalmer No. 4498

P. O. Address Rolla, 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 this body is not embalmed, fact should be so stated above.