

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **5173**

FILED MAR 9 - 1953

BIRTH NO. **68** REG. DIST. NO. **4119** PRIMARY REG. DIST. NO. **68** Registrar's No. **46**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo. COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark	
d. FULL NAME OF HOSPITAL OR INSTITUTION Haguewood Hos.		d. STREET ADDRESS (If rural, give location) Ozark	

3. NAME OF DECEASED (Type or Print) Ella	a. (First)	b. (Middle)	c. (Last) Roper	4. DATE OF DEATH (Month) (Day) (Year) Jan. 16, 1953
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Dec. 30, 1881	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 24 HRS. Hours	IF UNDER 24 HRS. Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME John Farthing	13b. MOTHER'S MAIDEN NAME Emma Garrison	14. NAME OF HUSBAND OR WIFE Dr. Roper (J. A.)
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME Mrs. Floe Haguewood	ADDRESS Ozark, Missouri
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 10 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Car on way thru oak arch		
	ANTECEDENT CAUSES Morbid 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 <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 4201	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from **Jan 16, 1953**, to **Jan 19, 1953** that I last saw the deceased alive on **Jan 19, 1953**, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE R. R. Farthing	(Degree or title) M.D.	23b. ADDRESS Ozark, Mo	23c. DATE SIGNED Jan 29 1953
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 18, 1953	24c. NAME OF CEMETERY OR CREMATORY Linden Cemetery	24d. LOCATION (City, town, or county) (State) Christian, Missouri
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DATE REC'D BY LOCAL REG. Feb. 1-1953	REGISTRAR'S SIGNATURE Luitla Leonard	54-	25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	ADDRESS Ozark, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

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

2220

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
Student Embalmer

Signed F. B. Chaffin

Licensed Embalmer No. 2192

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