

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7515

State File No.

FILED MAR 9 1954

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 52

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give town or township) <u>Bloomfield</u>	c. LENGTH OF STAY (In this place) <u>9 yrs.</u>	c. CITY OR TOWN <u>Bloomfield</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bloomfield Mo.</u>		e. STREET ADDRESS (If rural, give location) <u>1030</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LAURA</u> b. (Middle) <u>(NME)</u> c. (Last) <u>ROPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 30 1954</u>	
5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>JAN. 1, 1895</u>
9. AGE (In years last birthday) <u>78</u>		If UNDER 1 YEAR: Months <u>29</u> Days _____ Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Housewife</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Stoddard Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>Wm Bud Watson</u>	
13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>DAVE ROPER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME <u>DAVE ROPER, Bloomfield Mo</u>		ADDRESS _____	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CHRONIC MYOCARDITIS</u> ANTECEDENT CAUSES DUE TO (b) <u>ARTERIOSCLEROSIS</u> DUE TO (c) <u>SENILITY</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>BRONCHIAL PNEUMONIA</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>YEARS</u> <u>11</u>		19a. DATE OF OPERATION _____	
19b. MAJOR FINDINGS OF OPERATION _____		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) _____	
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>1845</u> to <u>1-30-54</u> , that I last saw the deceased alive on <u>1-29-54</u> , and that death occurred at <u>8:15 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u>		23b. ADDRESS <u>Bloomfield</u>	
23c. DATE SIGNED <u>2-5-54</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>2-1-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rock Point Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Stoddard Co., Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Wm H. Morgan</u>	
DATE REC'D BY LOCAL REG. <u>Feb. 10, 1954</u>		REGISTRAR'S SIGNATURE <u>Claudine Williams</u>	
ADDRESS <u>Advocate, Mo.</u>		ADDRESS _____	

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

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..... *William H. Morgan*

Licensed Embalmer No. *464*

P. O. Address... *Adams*

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.