

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **11929**

FILED MAY 10 1954

BIRTH NO. _____ REG. DIST. NO. 141 PRIMARY REG. DIST. NO. 555L Registrar's No. 65

1. PLACE OF DEATH a. COUNTY Howell		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Howell	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN West Plains,	
c. LENGTH OF STAY (If in this place) 60 yrs.		d. STREET ADDRESS (If rural, give location) R F D	
d. FULL NAME OF HOSPITAL OR INSTITUTION X Rural X			

3. NAME OF DECEASED (Type or Print) a. (First) James B. b. (Middle) Roper c. (Last) Roper	4. DATE OF DEATH (Month) (Day) (Year) 4-11-54
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5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M	8. DATE OF BIRTH 4-10-1877	9. AGE (In years last birthday) 77	IF UNDER 1 YEAR Months 0 Days 1	IF UNDER 24 HRS. Hours — Min. —
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY X	11. BIRTHPLACE (State or foreign country) Murphy Co., N. Carolina	12. CITIZEN OF WHAT COUNTRY? USA
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13a. FATHER'S NAME W. W. Roper	13b. MOTHER'S MAIDEN NAME Cynthia ?	14. NAME OF HUSBAND OR WIFE Genevra Roper
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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) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Genevra Roper, West Plains, Mo ADDRESS
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 2 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CEREBRAL HEMORRHAGE		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) HYPERTENSION ESSENTIAL DUE TO (c) SENILITY		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) 331 X
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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 4-6, 1954 to 4-11, 1954, that I last saw the deceased alive on 4-10, 1954, and that death occurred at 11:10 PM from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Jack N. Wilson, M.D.	23b. ADDRESS West Plains, Mo	23c. DATE SIGNED 4-20-54
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24a. BURIAL, CREMATION, REBURYAL (Specify) B	24b. DATE 4-13-54	24c. NAME OF CEMETERY OR CREMATORY New Liberty	24d. LOCATION (City, town, or county) (State) West Plains, Mo
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DATE RECD BY LOCAL REG. 5-3-54	REGISTRAR'S SIGNATURE Beatrice Cook	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Robertsons, West Plains, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

460

JUN 16 1955

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

L. S. Roberts

Licensed Embalmer No. *3430*

P. O. Address *West Plains*

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.