

FILED AUG 10 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26011

BIRTH NO. _____		REG. DIST. NO. <u>354</u>		PRIMARY REG. DIST. NO. <u>6199</u>		Registrar's No. <u>2</u>	
1. PLACE OF DEATH a. COUNTY <u>Texas</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Texas</u>			
b. CITY OR TOWN <u>Mtn Grove Rural</u>				c. CITY OR TOWN <u>Mtn Grove Rural</u>			
c. LENGTH OF STAY (In this place) _____				d. STREET ADDRESS (If rural, give location) <u>1070</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION _____							
3. NAME OF DECEASED (Type or Print) a. (First) <u>G.</u> b. (Middle) <u>C.</u> c. (Last) <u>Rope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Aug 5 1954</u>				
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Apr 27, 1887</u>	
9. AGE (In years last birthday) <u>67</u>		10. MONTHS <u>3</u>		11. HOURS <u>8</u>		12. MIN. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>minister</u>			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (State or foreign country) <u>Douglas Co, Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>							
13a. FATHER'S NAME <u>S. W. Rope</u>			13b. MOTHER'S MAIDEN NAME <u>Sarah Hawkins</u>		14. NAME OF HUSBAND OR WIFE <u>Stella Rope</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Stella Rope</u> ADDRESS <u>Autograce</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, ashenia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Arteriosclerosis</u> INTERVAL BETWEEN ONSET AND DEATH _____ ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis</u> DUE TO (c) _____ 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 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>8-6-1954</u> , to <u>8-6-1954</u> , that I last saw the deceased alive on <u>8-6-1954</u> , and that death occurred at <u>12:02 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>W. C. ...</u> (Degree or title) _____				23b. ADDRESS _____		23c. DATE SIGNED <u>8/6/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>8-8-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Hill Crest</u>		24d. LOCATION (City, town, or county) (State) <u>Mtn Grove, Mo</u>	
DATE REC'D BY LOCAL REG. <u>8-8-54</u>		REGISTRAR'S SIGNATURE <u>Gaynell Cunningham</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Seabrook-Wood</u> ADDRESS <u>Mtn Grove</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

300
480
1

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

Frank Noble

Licensed Embalmer No. 4-50

P. O. Address 1241 1/2 Ave, N

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.