

FILED APR 17 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **12334**BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 32 PRIMARY REG. DIST. NO. 5114 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY <u>BOLLINGER</u> <u>STODDARD</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>STODDARD</u> <u>BOLLINGER</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>RURAL WBYNE</u>	c. LENGTH OF STAY (In this place) <u>2 1/2</u>	c. CITY OR TOWN <u>BROWNWOOD</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION -		STREET ADDRESS (If rural, give location) <u>1070</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>DAVE</u> b. (Middle) <u>MAHONEY</u> c. (Last) <u>ROPER</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>MARCH 7, 1956</u>	
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>MAY 26, 1873</u>
9. AGE (In years last birthday) <u>82</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RET. FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMER</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>ILLINOIS</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>		13a. FATHER'S NAME <u>Not known</u>	
13b. MOTHER'S MAIDEN NAME <u>Not known</u>		14. NAME OF HUSBAND OR WIFE <u>LAURA WATSON ROPER</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u> (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Arthur Wilton</u>		ADDRESS <u>Brownwood, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>24 Hrs</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</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 checked="" type="checkbox"/>		<u>331X</u>	
21a. ACCIDENT SUICIDE (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>Jan 1954</u> , to <u>6 March 1956</u> , that I last saw the deceased alive on <u>6 March 1956</u> , and that death occurred at <u>9:00 A.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>H. D. Merrill M.D.</u> (Degree or title)		23b. ADDRESS <u>Advance, Mo.</u>	
23c. DATE SIGNED <u>10/11/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>3/9/56</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Rock Point Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Stoddard Co., Mo.</u>	
DATE REC'D BY LOCAL REG. <u>4-12-56</u>		REGISTRAR'S SIGNATURE <u>Mrs. Buford Crader</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Arthur O. Morgan</u>		ADDRESS <u>Advance, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was e  
by me, or by ....., Student Embalmer No.....  
working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed..... *William H. May* .....

Licensed Embalmer No. *46*

P. O. Address *Adrian* .....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.  
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.