

FILED NOV 16 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37531

STATE FILE NUMBER

 Registration District No. 107 Primary Registration District No. 3019 Registrar's No. 150

1. PLACE OF DEATH a. COUNTY DUNKLIN				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY DUNKLIN									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN KENNETT		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 110 (R) Jones			Length of stay in 1b LIFE		d. STREET ADDRESS 110K (R) Jones		(If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print)				First		Middle		Last		4. DATE OF DEATH Month Day Year			
WILLIAM HUEL ROPER										Nov. 2, 1956			
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Sept. 12, 1936		9. AGE (In years last birthday) 20		IF UNDER 1 YEAR Months Days Hours Min.		IF UNDER 24 HRS.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Dry Cleaner				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Kennett, Mo.				12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13. FATHER'S NAME Jess O. Roper						14. MOTHER'S MAIDEN NAME Myrtle Hobbs							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO NONE				16. SOCIAL SECURITY NO. 486-38-1237		17. INFORMANT Address Jess O. Roper Kennett, Mo.							
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Accidental Injury by Firearms										INTERVAL BETWEEN ONSET AND DEATH 10 min.			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____										9190			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)										19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) Rifle in back seat of car accidentally discharged										
20c. TIME OF INJURY Hour Month, Day, Year a. m. p. m.			while getting in car.										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) near home			20f. CITY, TOWN, OR LOCATION Kennett		COUNTY Dunklin		STATE Mo.			
21. I attended the deceased from 7:10 A to _____ and last saw her alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE Quinton Tarver, M.D., Coroner						22b. ADDRESS Kennett, Missouri				22c. DATE SIGNED 11-3-56			
23a. BURIAL, CREMATION, REMOVAL (Specify)			23b. DATE Nov. 5, 1956		23c. NAME OF CEMETERY OR CREMATORY Oak Ridge				23d. LOCATION (City, town, or county) (State) Kennett Mo.				
24. FUNERAL DIRECTOR ADDRESS Paul Salmon Kennett, Mo.					25. DATE RECD. BY LOCAL REG. Nov 5-1956				26. REGISTRAR'S SIGNATURE Carl Johnson				

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

300
1-56

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

900

RECEIVED DUNKLIN COUNTY HEALTH
DEPARTMENT 11-13-56
COUNTY FILE NUMBER 1156-4

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 *J.P. Balman*

Licensed Embalmer No. *215*

P. O. Address *Remick*

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.