

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-014518  
STATE FILE NUMBER

FILED APR 23 1959 Registration District No. 301 Primary Registration District No. Registrar's No. 26

1. PLACE OF DEATH a. COUNTY <b>Ripley</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Ripley</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <b>Rural</b> <b>0910</b> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>7 mi. N. Naylor</b>		Length of stay in lb <b>9 years</b>	d. STREET ADDRESS (If outside, give location) <b>Rt. #1 Naylor</b> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) <b>EUELL</b> First <b>ETHERIDGE</b> Middle <b>DROPE</b> Last			4. DATE OF DEATH <b>March 26, 1959</b> Month Day Year		
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5. SEX <b>male</b>	6. COLOR OR RACE <b>white</b>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <b>Oct. 31-1900</b>	9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months Days	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) <b>Minister</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>Minister</b>	11. BIRTHPLACE (City and state or country) <b>Rector, Arkansas</b>	12. CITIZEN OF WHAT COUNTRY? <b>USA</b>
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13a. FATHER'S NAME <b>Will Drope</b>	13b. MOTHER'S MAIDEN NAME <b>Vergie Moore</b>	14. NAME OF HUSBAND OR WIFE <b>Grace Stumpf</b>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give year or years of service) <b>Yes 1920-1921</b>	16. SOCIAL SECURITY NO. <b>498-16-4940</b>	17. INFORMANT <b>Mrs. Grace Drope, Rt. #1 Naylor, Mo.</b> Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>CORONARY THROMBOSIS.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>1 HOUR.</b>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>4201</b>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> <b>2</b>

20a. ACCIDENT <input 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.)
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20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	
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20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION COUNTY STATE
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21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw <sup>her</sup>him alive on \_\_\_\_\_  
Death occurred at **7:45 a.m.** on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <b>Ray Meams; Coronah.</b> (Degree or title)	22b. ADDRESS <b>Doniphan, Missouri.</b>	22c. DATE SIGNED <b>3/29/59.</b>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>3/29/1959</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Plesant Grove Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Rector, Arkansas</b>
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24. FUNERAL DIRECTOR <b>Edwards-Parrent Naylor, Mo.</b> ADDRESS	25. DATE RECD. BY LOCAL REG. <b>4-14-59</b>	26. REGISTRAR'S SIGNATURE <b>Flava Broz</b>
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(Licensed Embalmer's Statement on Reverse Side)

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

11h, 11f, 11c, 11e, 11d, 11g, 11i, 11j, 11k, 11l, 11m, 11n, 11o, 11p, 11q, 11r, 11s, 11t, 11u, 11v, 11w, 11x, 11y, 11z

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 *Gene Harrent*

Licensed Embalmer No. *4809*  
P. O. Address *Naylor, T.*

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.