

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-039925

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 162

STATE FILE NUMBER

AMENDED

**FILED NOV 14 1961**

DATE AMENDED

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Vernon</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo.</b> b. COUNTY <b>Polk</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Washington Township</b>		c. CITY OR TOWN <b>Pleasant Hope</b>	
Length of stay in 1b <b>29 years</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>St. Hosp. # 3</b>		d. STREET ADDRESS (If outside, give location) <b>None listed</b>	
3. NAME OF DECEASED (Type or print) First <b>James</b> Middle <b>Franklin</b> Last <b>Roper</b>		4. DATE OF DEATH Month <b>October</b> Day <b>24</b> Year <b>1961</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9-17-89</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Police Force</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Law enforcement</b>	11. BIRTHPLACE (City and state or country) <b>Arkansas</b>
13a. FATHER'S NAME <b>Samuel Jacob Roper</b>		13b. MOTHER'S MAIDEN NAME <b>Sarah Jane Kelly</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Unknown</b>		16. SOCIAL SECURITY NO. <b>Unknown</b>	
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>Uremia</b>		17. INFORMANT Address <b>State Hosp. # 3, Nevada, Missouri</b>	
DUE TO (b) <b>Generalized Arteriosclerosis</b>		INTERVAL BETWEEN ONSET AND DEATH <b>3 weeks</b>	
DUE TO (c)		Years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Tabo-Paresis</b>		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	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.)	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT WORK <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	
21. I attended the deceased from <b>3-2-1932</b> to <b>10-24-61</b> and last saw <b>him</b> <sup>XX</sup> alive on <b>10-24-61</b> Death occurred at <b>9:20 a.m.</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE <b>Hilda Muszynski, M.D.</b>		22b. ADDRESS <b>St. Hosp. # 3, Nevada, Mo.</b>	
22c. DATE SIGNED <b>10-24-61</b>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>Oct. 26, 1961</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Elm Springs Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Elm Springs Arkansas</b>
24. FUNERAL DIRECTOR <b>Callison Sisco Funeral Home, Springdale, Ark.</b>		25. DATE RECD. BY LOCAL REG. <b>Nov 9-1961</b>	
26. REGISTRAR'S SIGNATURE <b>Anna E. Jerry</b>			

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was <sup>not</sup> embalmed by me,  
or by anyone in State of Missouri, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed L. Andrew Ferry

Licensed Embalmer No. 4960

P. O. Address Newada, Mo.

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.