

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018779

STATE FILE NUMBER

Registration District No. 391 Primary Registration District No. 4504 Registrar's No. 8

FILED APR 22 1963

DO NOT WRITE ON THIS STUB

AMENDED

VS 300
Rev. 4/59

1 1030

2 1030

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4 1

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12 90-2

13 3-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Advance Pike Twp.</u>		c. CITY OR TOWN <u>Advance</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>home</u>		d. STREET ADDRESS (If outside, give location) <u>Pike Twp.</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>Ovade</u> Middle <u>Angeline</u> Last <u>Tropf</u>		4. DATE OF DEATH Month <u>April</u> Day <u>6</u> Year <u>1963</u>	
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>1/20/1983</u>
9. AGE (last birthday) <u>80</u>		IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>household</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>household</u>	
11. BIRTHPLACE (City and state or country) <u>Stoddard Co., Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Jacob Colbert</u>		13b. MOTHER'S MAIDEN NAME <u>Angeline Acre</u>	
14. NAME OF HUSBAND OR WIFE <u>Amel A. Tropf</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) <u>no</u>	
16. SOCIAL SECURITY NO.		17. INFORMANT <u>Amel E. Tropf, Advance, Mo.</u> Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Shock</u>			INTERVAL BETWEEN ONSET AND DEATH <u>30 min</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Circulatory Failure</u>			<u>1 HR.</u>
DUE TO (c) <u>Coronary Thrombosis</u>			<u>12 Hrs</u>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Arterio sclerotic Heart Disease</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input checked="" 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 or item 18.)	
20c. TIME OF INJURY <u>Heart</u> 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 <u>7-58</u> to <u>4-6-63</u> and last saw her alive on <u>4-6-63</u> . Death occurred at <u>10:10 A.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>P. G. Masters M.D. Advance, Mo</u>		22b. ADDRESS <u>Adv...</u>	22c. DATE SIGNED <u>4-8-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>4/8/63</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Pleasant Mill Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Stoddard Co., Mo.</u>
24. FUNERAL DIRECTOR <u>Wm. H. Morgan</u> ADDRESS <u>Advance, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>4/8/63</u>	26. REGISTRAR'S SIGNATURE <u>Bernice Moore</u>

USE BLACK INK OR TYPEWRITER RIBBON

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 Wm. H. Morgan

Licensed Embalmer No. 4640

P. O. Address Advance, 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.