

No. 300
10.48

FILED MAY 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16374

State File No.

BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 3031 Registrar's No. 27

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Jefferson</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Mo</u> b. COUNTY <u>Jefferson</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>701 Cedar, De Soto</u>		c. LENGTH OF STAY (In this place) <u>30yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>De Soto, 701 Cedar, st 2</u>		50
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>701 Cedar, st. /</u>			d. STREET ADDRESS (If rural, give location) <u>701 Cedar st. 2</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Maude</u> b. (Middle) <u>Virginia</u> c. (Last) <u>Pope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 9th '49</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>/</u>	8. DATE OF BIRTH <u>3-19-1888</u>		9. AGE (In years last birthday) <u>61</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>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At Home</u>	11. BIRTHPLACE (State or foreign country) <u>Richwoods, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>John O'Farrel</u>		13b. MOTHER'S MAIDEN NAME <u>Bridget LANNEN Harry Pope, Sr.</u>		14. NAME OF HUSBAND OR WIFE <u>Same</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>/</u> (If yes, give way or dates of service)	16. SOCIAL SECURITY NO. <u>/</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Harry Pope, Sr.</u>		ADDRESS <u>Same</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES <u>Ch. Pseudomonaditis & Hypertension</u> DUE TO (b) <u>/</u> DUE TO (c) <u>/</u> II. OTHER SIGNIFICANT CONDITIONS <u>Conditions contributing to the death but not related to the disease or condition causing death.</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Coma</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>/</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>/</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>/</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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>2/18</u> , 19 <u>48</u> , to <u>5/7</u> , 19 <u>49</u> that I last saw the deceased alive on <u>5/6</u> , 19 <u>49</u> , and that death occurred at <u>4:06 p.m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>Chas E Fulkert M.D.</u> (Degree or title)		23b. ADDRESS <u>De Soto, Mo</u>		23c. DATE SIGNED <u>5/12/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>May, 12th 49</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Caulvary</u>		24d. LOCATION (City, town, or county) (State) <u>De Soto, Mo</u>	
DATE REC'D BY LOCAL REG. <u>5/26/49</u>	REGISTRAR'S SIGNATURE <u>Marie Farris</u>	146	25. FUNERAL DIRECTOR'S SIGNATURE <u>J. Lee Mathers head</u>		ADDRESS <u>De Soto, Mo</u>

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
District Health Officer No. 9
District File Number
Date Filed
MAY 25 1948

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 _____

Andrew H. England
working under my personal supervision.

Student Embalmer No. *232*

Signed _____
Student Embalmer

Signed *J. W. Mothershead*
Licensed Embalmer No. *3531*

P. O. Address *Osato nw*

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 this body is not embalmed, fact should be so stated above.