

FILED AUG 27 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 27450

No. 300  
10.48

6606

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

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 213 PRIMARY REG. DIST. NO. 5781 Registrar's No. 749

1. PLACE OF DEATH a. COUNTY <u>Miller</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Miller</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Glaze Twp</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - Glaze Twp</u>	
c. LENGTH OF STAY (in this place) <u>20 yrs</u>		d. STREET ADDRESS (If rural, give location) <u>BRUMLEY RFD 1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>BRUMLEY RFD 1</u>		d. STREET ADDRESS (If rural, give location) <u>BRUMLEY RFD 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>James</u> b. (Middle) <u>ISSAC</u> c. (Last) <u>Poppowell - Poppowell</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>8-7-49</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>3-11-1873</u>
9. AGE (In years last birthday) <u>76</u>		10. MONTHS <u>4</u>	11. DAYS <u>26</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (State or foreign country) <u>CAMDEN COUNTY, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>CHRISTOPHER Columbus Poppowell</u>		13b. MOTHER'S MAIDEN NAME <u>JANE Winfrey</u>	
14. NAME OF HUSBAND OR WIFE <u>Molly Meredith</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	
16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Molly Poppowell</u> ADDRESS <u>Brumley Mo RFD 1</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 hr</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES	
Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Arteriosclerosis</u> <u>10 yrs</u>	
DUE TO (c) _____		DUE TO (c) _____	
II. OTHER SIGNIFICANT CONDITIONS		_____	
Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>		_____	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) _____	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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>5-27</u> , 19 <u>47</u> to <u>July 30</u> , 19 <u>47</u> , that I last saw the deceased alive on <u>5-7</u> , 19 <u>47</u> and that death occurred at <u>11:45 a.m.</u> , from <u>the causes</u> , and on the date stated above.	
23a. SIGNATURE <u>W. H. H. M. D.</u> (Degree of title)		23b. ADDRESS _____	
23c. DATE SIGNED <u>8-11-49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	
24b. DATE <u>8-10-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Gloria Chapel</u>	
24d. LOCATION (City, town, or county) (State) <u>Brumley RFD 1 Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Loran L. Adams</u> ADDRESS <u>Shelby Mo</u>	
DATE REC'D BY LOCAL REG. <u>8/11-49</u>		REGISTRAR'S SIGNATURE <u>Mrs C R Hawkins</u> 19 <u>49</u>	

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED  
AUG 24 1949  
District Health Officer No. 9,  
District File Number

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 .....  
Student Embalmer

Signed

*Loran L. Adams*

Licensed Embalmer No. *4207*

P. O. Address *Iberia 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 this body is not embalmed, fact should be so stated above.