

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH22643
State File No.

BIRTH NO. _____		REG. DIST. NO. <u>1</u>		PRIMARY REG. DIST. NO. <u>5002</u>		Registrar's No. <u>205</u>		
1. PLACE OF DEATH a. COUNTY <u>Adair</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Adair</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Liberty Twp.</u>		c. LENGTH OF STAY (In this place) <u>Life</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Novinger---</u>		<u>1010</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural Novinger, Mo.</u>				d. STREET ADDRESS (If rural, give location) <u>Rural</u> <u>6</u>				
3. NAME OF DECEASED (Type or Print)			a. (First) <u>John</u>	b. (Middle) <u>Pruner</u>	c. (Last) <u>Pope</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>77</u> <u>28</u> <u>1950</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Widowed</u>		8. DATE OF BIRTH <u>4/5/1857</u>	9. AGE (In years last birthday) <u>93</u>		IF UNDER 1 YEAR Months Days	IF UNDER 1 HR. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farm Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Adair County, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Joseph Pope</u>			13b. MOTHER'S MAIDEN NAME <u>Jane Pinkerton</u>		14. NAME OF HUSBAND OR WIFE <u>Cena Wimber</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ernest Pope, Novinger, Missouri</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>Chronic Heart Disease</u> <u>Maternal</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <input checked="" type="checkbox"/> DUE TO (c) <input checked="" type="checkbox"/> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>10 years</u> <u>4214</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		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>July 27, 1950</u> , to <u>July 28, 1950</u> , that I last saw the deceased alive on <u>July 27, 1950</u> , and that death occurred at <u>2:45 am.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>A. D. Garrison M.D.</u>				23b. ADDRESS <u>Novinger Mo.</u>		23c. DATE SIGNED <u>July 29-50</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>7/30/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Pinkerton</u>		24d. LOCATION (City, town, or county) (State) <u>Adair County, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>7-30-50</u>		REGISTRAR'S SIGNATURE <u>Kate Lambert</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Karl K. Fickel</u> <u>Kirkville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED AUG 7 1958
District Health Officer No. 10
District File Number 8-50-1265
Date Filed AUG 8 1958

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, Clarence M. Billo

working under my personal supervision.

Student Embalmer No.

Signed

Clarence M. Billo

Student Embalmer

Licensed Embalmer No. 4375

P. O. Address Kirksville, Md.

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.