

FILED JUL 27 1950

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22986
Registrar's No. 222

BIRTH NO. _____ REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010

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

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u>	
c. LENGTH OF STAY (in this place) <u>7 days</u>		d. STREET ADDRESS (If rural, give location) <u>2 miles N. Fruitland</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Francis Hospital</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH
a. (First) <u>ETTA MAE</u>	b. (Middle) <u>POPE</u>	c. (Last)	(Month) (Day) (Year) <u>July 15, 1950</u>

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>married</u>	8. DATE OF BIRTH <u>Mar. 11, 1898</u>	9. AGE (In years last birthday)	10. MONTH	11. DAYS	12. HOURS	13. MIN.
				<u>52</u>				

10a. USUAL OCCUPATION (Give kind of work doing most of work in life, when retired) <u>Housekeeping</u>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Groveton Mo.</u>	12. CITIZENSHIP OF WHAT COUNTRY <u>U.S.</u>
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13a. FATHER'S NAME <u>John Griffon</u>	13b. MOTHER'S MAIDEN NAME <u>Annie Hall</u>	14. NAME OF HUSBAND OR WIFE <u>Charles Pope</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>Carl Pope Jackson</u>	ADDRESS <u>Mo R#3</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Apoplexy</u>		INTERVAL BETWEEN ONSET AND DEATH <u>334X</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 7/8, 1950, to 7/15, 1950, that I last saw the deceased alive on 7/15, 1950, and that death occurred at 1:10 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Ch. Quethy M.D.</u>	(Degree or title)	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>7/19/50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>July 17-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Stephens</u>	24d. LOCATION (City, town, or county) (State) <u>Marquand Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-20-1950</u>	REGISTRAR'S SIGNATURE <u>L. C. Summers</u>	44	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. Miller</u>	ADDRESS <u>Judson Mo</u>
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RECEIVED JUL 24 1950
District Health Office No. 6
District File Number _____
Date Filed _____

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 _____

working under my personal supervision.

Student Embalmer No.

Signed.....
Student Embalmer

Signed Lyman Steele
Licensed Embalmer No. 2476
P. O. Address Dickson 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.