

THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **17** PRIMARY REG. DIST. NO. **9005** Registrar's No. **74**

1. PLACE OF DEATH  
a. COUNTY **Bates**  
b. CITY (If outside corporate limits, write RURAL and give town) **Butler**  
c. LENGTH OF STAY (In this place) **1 day**  
d. FULL NAME OF HOSPITAL OR INSTITUTION **Butler Memorial Hosp.**

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)  
a. STATE **Missouri** b. COUNTY **Bates**  
c. CITY (If outside corporate limits, write RURAL and give township) **Rural - New Home**  
d. STREET ADDRESS (If rural, give location) **0070**

3. NAME OF DECEASED (Type or Print)  
a. (First) **Fred** b. (Middle) **E.** c. (Last) **Popp**  
4. DATE OF DEATH (Month) - (Day) (Year) **Aug 17, 1951**

5. SEX **MO** 6. COLOR OR RACE **W** 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) **Single** 8. DATE OF BIRTH **-1866** 9. AGE (In years last birthday) Months Days **85**

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Farmer** 10b. KIND OF BUSINESS OR INDUSTRY \_\_\_\_\_ 11. BIRTHPLACE (State or foreign country) **Germany** 12. CITIZEN OF WHAT COUNTRY? **USA**

13a. FATHER'S NAME **Michael Popp** 13b. MOTHER'S MAIDEN NAME **unknown** 14. NAME OF HUSBAND OR WIFE **Single**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) **no** (If yes, give war or dates of service) \_\_\_\_\_ 16. SOCIAL SECURITY NO. **unknown** 17. INFORMANT'S SIGNATURE OR NAME **Herbert Popp - R7D** ADDRESS **Pleasant, Kans.**

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))  
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH\* (a) **Coronary occlusion**  
\*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) \_\_\_\_\_  
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  NO

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) **4201**

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) \_\_\_\_\_ 21e. INJURY OCCURRED WHILE AT WORK  NOT WHILE AT WORK  21f. HOW DID INJURY OCCUR \_\_\_\_\_

22. I hereby certify that I attended the deceased from **8-17**, 19**51**, to **8-17**, 19**51**, that I last saw the deceased alive on **8/17**, 19**51** and that death occurred at **8:50 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE **Joseph C. Kovach MD** (Degree or title) 23b. ADDRESS **Butler, Mo** 23c. DATE SIGNED **8/20/51**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug 21, 1951** 24c. NAME OF CEMETERY OR CREMATORY **Lutheran Cemetery** 24d. LOCATION (City, town, or county) (State) **Rich Hill, Mo.**

DATE REC'D BY LOCAL REG. **Aug 20-1951** REGISTRAR'S SIGNATURE **Russell Kirby** 25. FUNERAL DIRECTOR'S SIGNATURE **Culver - Underwood - Butler, Mo.** ADDRESS \_\_\_\_\_

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

RECEIVED 8-30-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 8-30-51 \_\_\_\_\_

SEP 5 1951

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 *Harold E. Hill* \_\_\_\_\_

Licensed Embalmer No. *4743* \_\_\_\_\_

P. O. Address *Butler, 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.