

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

KC-5 492 57
REG. # 98609
BIRTH NO. ~~1153~~ MAY 3 - 1952

REG. DIST. NO. 317 PRIMARY REG. DIST. NO. 6076 Registrar's No. 1104

4000

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

1. PLACE OF DEATH a. COUNTY ST. LOUIS			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE MISSOURI b. COUNTY Cole				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON BRKS, MO.		c. LENGTH OF STAY (In this place) 142 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN JEFFERSON CITY		0269		
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION VETS. ADMIN. HOSP.			d. STREET ADDRESS (If rural, give location) ROUTE # 4				
3. NAME OF DECEASED a. (First) EDWARD			b. (Middle) M.	c. (Last) POPP	4. DATE OF DEATH APRIL 26, 1952 (Month) (Day) (Year)		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) NEVER MARRIED	8. DATE OF BIRTH 1-7-95	9. AGE (In years last birthday) 57 yr.	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER	11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MISSOURI	12. CITIZEN OF WHAT COUNTRY? U.S.A.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTHPLACE (City and State or Foreign Country) JEFFERSON CITY, MISSOURI		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME GEORGE POPP		13b. MOTHER'S MAIDEN NAME AMELIA SCHOTT		14. NAME OF HUSBAND OR WIFE NONE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES		16. SOCIAL SECURITY NO. NONE	17. INFORMANT'S SIGNATURE OR NAME V.A. Hospital Records, Jeff. Brks., Mo.				
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) SQUAMOUS CELL CARCINOMA OF RIGHT MAIN ANTECEDENT CAUSES STEM BRONCHUS Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				INTERVAL BETWEEN ONSET AND DEATH 12 MOS.	
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 12-6-1951, to 4-26-1952, and that death occurred at 7:55 A. M., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>H. Brown</i> MD			23b. ADDRESS VAH, JEFF. BRKS, MO.		23c. DATE SIGNED 4-26-52		
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 4-27-52	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Jefferson City, Mo.		
DATE REC'D BY LOCAL REG. 4-26-52		REGISTRAR'S SIGNATURE Herbert R. Donke MD		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Thorne Gordon-Jefferson City, Mo.			

JUN 23 1957

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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 *John J. Haines*
Licensed Embalmer No. *4108*
P. O. Address *Haines' 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.