

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17081

State File No.

FILED JUN 4 1952

BIRTH NO. ... REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 3033 Registrar's No. 72

1. PLACE OF DEATH
a. COUNTY Laclede
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Lebanon
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION Wabbase Hospital

2. USUAL RESIDENCE (Where deceased lived, if institution: residence before admission)
a. STATE MO b. COUNTY PULASKI
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richland 0850
d. STREET ADDRESS (If rural, give location) 1

3. NAME OF DECEASED
a. (First) John b. (Middle) Arthur c. (Last) Pope
4. DATE OF DEATH (Month) (Day) (Year) 5 19 52

5. SEX Male 6. COLOR OR RACE White 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married 8. DATE OF BIRTH Aug 19, 1870 9. AGE (In years last birthday) 77 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 10b. KIND OF BUSINESS OR INDUSTRY Farmer 11. BIRTHPLACE (State or foreign country) Brunley, Missouri 12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME Samuel William Pope 13b. MOTHER'S MAIDEN NAME Eva Caynes 14. NAME OF HUSBAND OR WIFE Ellie Pope

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No No 16. SOCIAL SECURITY NO. None 17. INFORMANT'S SIGNATURE OR NAME Ellie Pope ADDRESS Richland

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, asthenia, etc. It means the disease, injury, or complication which caused death.
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage
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 NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____ 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) 331X 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

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 5-10-, 1952, to 5-19-, 1952, that I last saw the deceased alive on 5-17-, 1952, and that death occurred at 2 PM m., from the causes and on the date stated above.

23a. SIGNATURE R. E. Russell (Degree or title) 23b. ADDRESS Lebanon, Mo. 23c. DATE SIGNED 5-21-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial 24b. DATE 5/21/52 24c. NAME OF CEMETERY OR CREMATORY Oaklawn 24d. LOCATION (City, town, or county) (State) Richland Mo

DATE REC'D BY LOCAL REG. 5-26-1952 REGISTRAR'S SIGNATURE Hella L. Gray 25. FUNERAL DIRECTOR'S SIGNATURE W. B. Deeper ADDRESS Richland Mo

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

532
0

MAY 31 1952

received _____

Laclede County Health Unit

File No. 5-52-68

Date Filed JUN 3 1952

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 *R. B. Zeeper*

Signed.....
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address Richland

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.