

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED NOV 22 1952

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	
c. LENGTH OF STAY (in this place) 35 years		d. STREET ADDRESS (If rural, give location) 3414 St. John Avenue 3098	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH			
a. (First) ROSS	b. (Middle) EVERETT	c. (Last) POPEJOY	(Month) Nov.	(Day) 8	(Year) 1952	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH August 4, 1894	9. AGE (In years last birthday) 58	IF UNDER 1 YEAR Months Days	IF UNDER 1 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Driver		10b. KIND OF BUSINESS OR INDUSTRY Laundry		11. BIRTHPLACE (City and State or Foreign Country) Excelsior Springs, Missouri		12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME Willis W. Popejoy		13b. MOTHER'S MAIDEN NAME Nannie Dougherty		14. NAME OF HUSBAND OR WIFE Carrie Popejoy	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 487 10 8429		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Carrie Popejoy, Kansas City, Missouri	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Ventricular Fibrillation		DUPLICATE TO (b) Influenza; Coronary Sclerosis and Myocarditis			30 sec.
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE TO (c) Severe Diffuse Myocarditis			1 year
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					1 year

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) m.			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 Nov. 4, 1952, to Nov. 8, 1952, that I last saw the deceased alive on Nov. 8, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE Mary C. Colglazier MD (Degree or title) Mary C. Colglazier M.D.		23b. ADDRESS 1103 Grand Ave.		23c. DATE SIGNED 11/10/52	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Nov. 11, 1952		24c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cemetery Kansas City, Missouri	

DATE REC'D BY LOCAL REG. 11-10-52		REGISTRAR'S SIGNATURE Geraldine Smith		FUNERAL DIRECTOR'S SIGNATURE ADDRESS Geo. C. Carson Funeral Home, Indep. Mo.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

recd: 3/1

1900

8180

1900

1900

1900

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 Tom D. Markland

Licensed Embalmer No. 4592

P. O. Address Indep. 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.