

9268-54 STANDARD CERTIFICATE OF DEATH

State File No. 5156

BIRTH NO. FILED FEB 25 1954 REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 68

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 Independence		c. LENGTH OF STAY (in this place) 2 days	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		
d. FULL NAME OF HOSPITAL OR INSTITUTION Independence Sanitarium			d. STREET ADDRESS (If rural, give location) 1800 Lister Street		
3. NAME OF DECEASED (Type or Print) a. (First) Douglas b. (Middle) Craig c. (Last) POPE			4. DATE OF DEATH (Month) (Day) (Year) February 218, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH Feb. 16, 1954	9. AGE (in years last birthday) -----	IF UNDER 1 YEAR Months --
				Days 2	IF UNDER 2 HRS. Hours -
				Mins. -	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Independence, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Charles Pope		13b. MOTHER'S MAIDEN NAME Nellie Smith		14. NAME OF HUSBAND OR WIFE -----	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. -----	17. INFORMANT'S SIGNATURE OR NAME, ADDRESS Charles Pope - 1800 Lister St. Kansas City, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Anencephalic Monster ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Developmental Deformity DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH 48 hours
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 750 X			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 Feb 16, 1954 , to Feb 18, 1954 , that I last saw the deceased alive on Feb 18, 1954 , and that death occurred at 2:47 A.M. , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) Harold V. Woods M.D.			23b. ADDRESS Independence Mo		23c. DATE SIGNED 2/18/54
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Feb. 19, 1954	24c. NAME OF CEMETERY OR CREMATORY Mound Grove Cemetery	24d. LOCATION (City, town, or county) (State) Independence, Mo.		
DATE REC'D BY LOCAL REG. Feb. 19-54	REGISTRAR'S SIGNATURE Craig	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Wilton T. Nelson Independence, Mo.			

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 Guy N. Shelton
Licensed Embalmer No. 4700

P. O. Address Independence, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.