

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **31693**

FILED OCT. 1 - 1956

BIRTH NO. _____ REG. DIST. NO. 280 PRIMARY REG. DIST. NO. 4421 Registrar's No. 73

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

1. PLACE OF DEATH a. COUNTY <u>Platte</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>mo</u> b. COUNTY <u>Platte</u>	
b. CITY OR TOWN <u>Parkville</u>	c. LENGTH OF STAY (In this place township) <u>3 mos</u>	c. CITY OR TOWN <u>Parkville</u>	d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6832 Montrose</u>		e. STREET ADDRESS (If rural, give location) <u>6832 Montrose</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Dwight</u>	b. (Middle) <u>L</u>	c. (Last) <u>Pope</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>SEPT. 19 1956</u>
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5. SEX <u>MALE</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>NOV. 2, 1916</u>	9. AGE (In years last birthday) <u>39</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hour _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>ACCOUNTANT KANSAS CITY POWER & LIGHT</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>POTT, Co. IOWA</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Harvey Pope</u>	13b. MOTHER'S MAIDEN NAME <u>Vava Johnston</u>	14. NAME OF HUSBAND OR WIFE <u>Lydiane E. Pope</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW2</u>	16. SOCIAL SECURITY NO. <u>484-09-2725 Mrs. Lydiane Pope</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Lydiane Pope</u>	ADDRESS <u>Parkville, Mo</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <u>Cerebral Metastasis (Ewings Bone Tumor)</u>		INTERVAL BETWEEN ONSET AND DEATH _____
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ewings Bone Tumor Rt. Tibula 2 yrs</u>		
	DUE TO (c) <u>Prophy Rt. Tibula - Apr-1955</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>High temperature Rt. leg - May-1-56</u> <u>Biotryph lymph nodes July-6-56</u>			

19a. DATE OF OPERATION <u>5-1-56</u>	19b. MAJOR FINDINGS OF OPERATION <u>Ewings Bone Tumor Rt. Tibula</u>	196X	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from Jan - 1954, to Sept-19 1956 that I last saw the deceased alive on Aug-17, 1956; and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE <u>Carl H. Dunt</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>106 W 14th St. St. Louis, Mo</u>	23c. DATE SIGNED <u>Sept-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>9-21-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WALNUT CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>Walnut, Iowa</u>
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DATE REC'D BY LOCAL REG. <u>Sept 21-56</u>	REGISTRAR'S SIGNATURE <u>Alpha Rollins</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer</u>	ADDRESS <u>Somerset, N.C. Mo</u>
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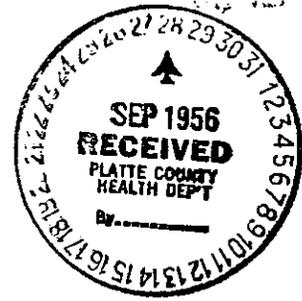
257-0

Dr. Brust
Tr. of L. Hart

OCT 31 1956

OCT 8

1956



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.....
Signature of Student Embalmer

Signed..... *Shawn H. Hill*

Licensed Embalmer No... *4586*

P. O. Address... *H. C. 16. s. 9m*

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.