

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

**25277**

State File No. ....

FILED JUL 26 1957

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 181 PRIMARY REG. DIST. NO. 5675 Registrar's No. 34

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission)	
a. COUNTY <b>Lincoln</b>	b. CITY (If outside corporate limits, write RURAL and give OR TOWN <b>Rural (Hurricane Twp)</b> )		c. CITY OR TOWN <b>Rural</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Farm Residence</b>		e. STREET ADDRESS (If rural, give location) <b>Farm Residence Hurricane Twp.</b>	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>Carl</b>	c. (Last) <b>Pope</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>July 13, 1957</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Married</b>	<b>8. DATE OF BIRTH</b> <b>April 30, 1885</b>	<b>9. AGE</b> (In years last birthday) <b>72</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Farming</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Gen. Farming</b>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <b>Allen Co. Kentucky</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>USA</b>
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<b>13a. FATHER'S NAME</b> <b>William Pope</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Eliza Dye</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Mary Smith Pope</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Mary E. Pope, Rt 1, Elsberry, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> 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.	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>Approx 10 Min,</b>
	<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Coronary Thrombosis</b>		
	<b>ANTECEDENT CAUSES:</b> <b>Morbid conditions, if any, giving rise to the above cause (a) stalling the underlying cause last.</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> <b>Conditions contributing to the death but not related to the disease or condition causing death.</b>			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b>	<b>20. AUTOPSY?</b> <b>2</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b> <b>4201</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)	<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at 4:45A m., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <i>Joseph J. Marsh</i>	(Degree or title) <b>CORONER</b>	<b>23b. ADDRESS</b> <b>351 Monroe St. Troy, Missouri.</b>	<b>23c. DATE SIGNED</b> <b>7/14/57</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>7/15/57</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Oakwood Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Alton, Illinois.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>7/24/57</b>	<b>REGISTRAR'S SIGNATURE</b> <i>Mrs. Clarence Kientz</i>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <i>Kemper-Marsh</i>	<b>ADDRESS</b> <b>Funeral Home, Troy, Mo.</b>
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(Licensed Embalmer - Statement on Reverse Side)

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

550

JUL 29 1957

**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, SEELY....., Student Embalmer No.....

working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed.....

*Joseph J. Mares*

Licensed Embalmer No..3932.

P. O. Address..Troy, Misso

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (F 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.