

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-035634

STATE FILE NUMBER

FILED AUG 22 1958

Registration District No. 43

Primary Registration District No. 3007

Registrar's No. 502

S. 300
1-57

| | | | | | |
|--|--|---|---|---|--|
| 1. PLACE OF DEATH a. COUNTY Butler | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Butler | | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Poplar Bluff | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 209 N. 11th St. | | Length of stay in lb Yrs | d. STREET ADDRESS 1209 N. 11th St. | | (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Middle Last BOYD ALMER POPE | | | 4. DATE OF DEATH Month Day Year August 11, 1958 | | |
| 5. SEX male | 6. COLOR OR RACE white | 7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Sept. 29, 1894 | 9. AGE (In years last birthday) 63 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Local Engineer | | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and state or country) Lincoln Co., Ga. / | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. |
| 13a. FATHER'S NAME Jessie Vanburen Pope | | 13b. MOTHER'S MAIDEN NAME Anna Adell Matthews | | 14. NAME OF HUSBAND OR WIFE Ruby S. Pope | |
| 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 Ruby S. Pope | | Address 1209 N. 11th St. Poplar Bluff, Mo. |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Brain aneurysm</i> | | | | | INTERVAL BETWEEN ONSET AND DEATH 163X |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) | | | |
| 20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m. | | | | | |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | 20f. CITY, TOWN, OR LOCATION | | COUNTY | STATE |
| 21. I attended the deceased from 8-3-1958 to 8-11-1958 and last saw ^{her} him alive on Aug 11th 1958 Death occurred at 1:35 PM m on the date stated above; and to the best of my knowledge from the causes stated. | | | | | |
| 22a. SIGNATURE (Degree or title) <i>M. H. H. M. D. O.</i> | | | 22b. ADDRESS <i>Poplar Bluff, Mo.</i> | | 22c. DATE SIGNED 8-13-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) removal | 23b. DATE 8/13/58 | 23c. NAME OF CEMETERY OR CREMATORY Memorial Gardens | | 23d. LOCATION (City, town, or county) (State) Poplar Bluff, Missouri | |
| 24. FUNERAL DIRECTOR Russell-Ermert | | ADDRESS Corning, Ark. | 25. DATE RECD. BY LOCAL REG. 8/16/58 | 26. REGISTRAR'S SIGNATURE <i>[Signature]</i> | |

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

OCT 24 1958

RECEIVED

AUG 19 1958

BUTLER CO. HEALTH CENTER

FILE No. _____

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 Richard O. Sommer

Licensed Embalmer No. 784

P. O. Address Corning, N.Y.

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.