

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-047078

STATE FILE NUMBER

Registration District No. 53 Primary Registration District No. 3010 Registrar's No. 10

Filed JAN 19 1959

1. PLACE OF DEATH a. COUNTY Cape Girardeau		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cape Gir.	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Cape Girardeau		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Cape Girardeau <u>01640</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1608 Themis		Length of stay in 1b Life	d. STREET ADDRESS (If outside, give location) 1608 Themis

3. NAME OF DECEASED (Type or print) First Ella Middle E. Last Popp			4. DATE OF DEATH Month December Day 24 Year 1958		
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 19, 1875	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY Home	11. BIRTHPLACE (City and state or country) Cape Girardeau, Mo.	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME Michael Zapf	13b. MOTHER'S MAIDEN NAME Christine Gluckhertz	14. NAME OF HUSBAND OR WIFE George C. C. Popp
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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) No	16. SOCIAL SECURITY NO. None	17. INFORMANT John Popp	Address Cape Girardeau, Mo.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arterial Sclerotic Heart Disease		INTERVAL BETWEEN ONSET AND DEATH 2 yrs
DUE TO (b) with congestive failure		
DUE TO (c) _____		6 wks
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 4200		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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____	20d. INJURY OCCURRED WHILE AT <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 Cape Girardeau, Mo.	COUNTY Cape Girardeau	STATE Mo.
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21. I attended the deceased from 1-4-54 to 12-24-58 and last saw her alive on 12-24-58 Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.	
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22a. SIGNATURE R. G. Ritter, M.D. (Degree or title)	22b. ADDRESS Cape Girardeau, Mo.	22c. DATE SIGNED 1-5-59
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23a. BURIAL, CREMATION, RENOVAL (Specify) Burial	23b. DATE Dec. 26, 1958	23c. NAME OF CEMETERY OR CREMATORY Lorimer	23d. LOCATION (City, town, or country) Cape Girardeau, Mo.	(State)
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24. FUNERAL DIRECTOR Ford & Sons	ADDRESS Cape Girardeau, Mo.	25. DATE RECD. BY LOCAL REG. Jan 10, 1959	26. REGISTRAR'S SIGNATURE Mrs. Homer Cooper
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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

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 *W. J. Ford*

Licensed Embalmer No. *5157*

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