Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-010150
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 206 Primary Registration District No. 5747 Registrar's No. 12

1. PLACE OF DEATH a. COUNTY Madison	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Madison
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Marquand — Inside Limits Yes ☐ No ☒	c. CITY OR TOWN Marquand 0620 — Inside Limits Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) Star Route — Length of stay in 1b 67 yrs	d. STREET ADDRESS (If outside, give location) Star Route — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print)	First Flora	Middle Etta	Last Pope	4. DATE OF DEATH Month Day Year March 1,1959
5. SEX Female	6. COLOR OR RACE White	7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐	8. DATE OF BIRTH March 31,1891	9. AGE (In years last birthday) 67 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) None	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Marquand, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME David Stephens	13b. MOTHER'S MAIDEN NAME Laura Graham	14. NAME OF HUSBAND OR WIFE Charles Pope		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT Address Charles Pope-Marquand, Mo.		

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

		INTERVAL BETWEEN ONSET AND DEATH
PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a)	Coronary Occlusion	2 Days.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Arteriosclerotic Heart Disease	10 years
DUE TO (c)	Generalized Arteriosclerosis.	10 years

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 ☐ NO ☒ 2

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 July 8, 1954, to Feb 28, 1959 and last saw her alive on Feb 28, 1959
Death occurred at 2:40 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Charles E Michaelis MD	22b. ADDRESS 135 S. Mine La Motte Frederick Town, Missouri	22c. DATE SIGNED March 5, 1959

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 3/3/1959	23c. NAME OF CEMETERY OR CREMATORY Yount Cemetery	23d. LOCATION (City, town, or county) (State) Marquand, Madison, Mo.
24. FUNERAL DIRECTOR ADDRESS L. L. Haman-Cape Girardeau	25. DATE RECD. BY LOCAL REG. 3-9-1959	26. REGISTRAR'S SIGNATURE Florence Hicks	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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.

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 ..... Signed Howard L. Hanson .....
Signature of Student Embalmer

Licensed Embalmer No. 4122

P. O. Address Cape Girardeau

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.