

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012675

STATE FILE NUMBER

FILED MAY 4 1959 Registration District No. 71 Primary Registration District No. 3012 Registrar's No. 36

S. 300
1-57

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|---|----------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY Clay | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Clay | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Excelsior Springs | | c. CITY OR TOWN Excelsior Springs | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Ex. Institute Hospital | | d. STREET ADDRESS 99 Linden Street | |
| 3. NAME OF DECEASED (Type or print) First Pearl Middle Last Popejoy | | 4. DATE OF DEATH Month April Day 13 Year 1959 | |
| 5. SEX Male | 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 March 10, 1885 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired | | 10b. KIND OF BUSINESS OR INDUSTRY Plumbing | 11. BIRTHPLACE (City and state or country) RAY COUNTY Mo |
| 13a. FATHER'S NAME Joseph Popejoy | | 13b. MOTHER'S MAIDEN NAME Rosana Covey | 14. NAME OF HUSBAND OR WIFE May Rimmer |
| 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. 500-22-6388 | 17. INFORMANT Address Marvin Herod, Excelsior Springs, 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) Cardiac myocardial failure due to myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) _____ DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | INTERVAL BETWEEN ONSET AND DEATH unknown. |
| 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 _____ 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 COUNTY STATE | |
| 21. I attended the deceased from April 12 to April 13 and last saw her alive on April 13 1959 Death occurred at 9:05 P m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE (Degree or title) J. J. Howard, D.O. | | 22b. ADDRESS Excelsior Springs, Mo | 22c. DATE SIGNED 4-13-59 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 23b. DATE 4-16-59 | 23c. NAME OF CEMETERY OR CREMATORY Crown Hill | 23d. LOCATION (City, town, or county) (State) Excelsior Springs, Mo |
| 24. FUNERAL DIRECTOR Prichard Funeral Home, Inc. Excelsior Springs, Missouri | | 25. DATE RECD. BY LOCAL REG. 4-21-59 | 26. REGISTRAR'S SIGNATURE Barlene Hutchings |

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 *Ralph Van Landingham*

Licensed Embalmer No. *4009*

P. O. Address *Clayton, N.C.*

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.