

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-016631
State File No.

FILED JUN 9 1959

BIRTH NO. _____ REG. DIST. NO. 4 PRIMARY REG. DIST. NO. _____ Registrar's No. 54

1. PLACE OF DEATH a. COUNTY <u>Atchison</u>			2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Atchison</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clark Township</u>		c. LENGTH OF STAY (in this place) <u>27 years</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Clark Township</u>		d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles North of Corning Mo.</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 1/2 miles North Corning Mo.</u>			d. STREET ADDRESS (If rural, give location) <u>1 1/2 miles North of Corning Mo.</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Winkle</u> c. (Last) <u>Pope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 31, 1959</u>		
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>May 11, 1885</u>	9. AGE (In years, if under 1 year last birthday) Months Days Hours Mins. <u>74</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>On the farm</u>	11. BIRTHPLACE (State or foreign country) <u>Dade County, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Samuel Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Sarah Hawkins</u>	14. NAME OF HUSBAND OR WIFE <u>Mary Florence Pope</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>484-10-8875</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Pope - Fairfax, Missouri</u>		
18. CAUSE OF DEATH 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.			I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
			ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Thrombosis</u>		1
			DUE TO (c) <u>Arteriosclerotic Heart Disease</u>		<u>Unknown</u>
			II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>4200</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?		
22. I hereby certify that I attended the deceased from <u>July 1952</u> to <u>May 31, 1959</u> , that I last saw the deceased alive on <u>May 31, 1959</u> and that death occurred at <u>8:55 P.M.</u> , from the causes and on the date stated above.					
23a. SIGNATURE <u>J. F. Linn</u> (Degree or title) <u>M.D.</u>			23b. ADDRESS <u>Creighton, Mo.</u>		23c. DATE SIGNED <u>6-1-59</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 3, 1959</u>	24c. NAME OF GEMETERY OR CREMATORY <u>English Grove</u>	24d. LOCATION (City, town, or county) (State) <u>Fairfax, Mo.</u>		
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE <u>June 4, 1959</u> <u>Herwin H. Schoaler</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Wilber L. Schoaler - Craig, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 1 9 1959

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.....

Myself

working under my personal supervision.

Student Embalmer No.....

Signed.....

Wilbur L. Scholes

Signed.....

Student Embalmer

Licensed Embalmer No. *3997*

P. O. Address *Craig, Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.