

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-027823

STATE FILE NUMBER

FILED VS JUL 31 1959

Registration District No. 328 Primary Registration District No. 4492 Registrar's No. 30

V. S. 300
Rev. 1-57

1. PLACE OF DEATH a. COUNTY SCOTT			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY SCOTT		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SYLVANIA		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN ORAN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 3 RAILROAD CROSSING		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) 1000		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First MIDDLE Last RUA ETHEL POPE			4. DATE OF DEATH Month Day Year MAY 20 1959		
5. SEX FEMALE	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 DEC. 12, 1906		9. AGE (In years last birthday) 52
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SEAMSTRESS		10b. KIND OF BUSINESS OR INDUSTRY INTERNATIONAL HAT COMPANY	11. BIRTHPLACE (City and state or country) REYNOLDSVILLE, ILL.		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME JOHN BROWN		13b. MOTHER'S MAIDEN NAME MAUDE BLACK		14. NAME OF HUSBAND OR WIFE ARTHUR 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. 491-26-8086		17. INFORMANT CAROLYN POPE Address ORAN, 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) Head Injury - Broken Neck-Right arm & Right leg broken-crushed right side of chest.					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					
20a. ACCIDENT <input checked="" 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.) Train truck collision		
20c. TIME OF INJURY 7:05 A.M. 5/20/59			Oran, Scott Mo.		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Railroad crossing		20f. CITY, TOWN, OR LOCATION Oran COUNTY Scott STATE Mo.	
21. I attended the deceased from First call after death and last saw her alive on Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Lloyd Poe (Degree or title) 3 Coroner			22b. ADDRESS Sikeston Mo.		22c. DATE SIGNED 5/27/59
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE MAY 24, 1959		23c. NAME OF CEMETERY OR CREMATORY FORREST HILL MEMORIAL GARDENS	
24. FUNERAL DIRECTOR Carl Smith		25. DATE RECD. BY LOCAL REG. ORAN, MO. July 20, 59		26. REGISTRAR'S SIGNATURE Mrs. Fred Bragley	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

Securing the medical certification in the specified manner required by 193.140 Mo. Stat. 1949.

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AUG 2 1959

8-1-59

GA. FILE NO. 75-9-164

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 *Earl J. Smith*

Licensed Embalmer No. *21676*

P. O. Address *Oran, 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.