

FEDERAL BUREAU OF INVESTIGATION - UNITED STATES DEPARTMENT OF JUSTICE

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-60-030156

FILED VS AUG 29 1960

115-116 Primary Registration District No. 3020 Registrar's No. 197

STATE FILE NUMBER

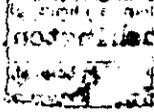
UNDECEASED

1. PLACE OF DEATH a. COUNTY Franklin.			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Franklin.			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Washington.		Length of stay in 1b 10 yrs.	c. CITY OR TOWN Washington.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital.			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 120 W. 4th St.		
3. NAME OF DECEASED (Type or print) First Victor Middle J. Last Pope.			4. DATE OF DEATH Month August Day 19, Year 1960.			
5. SEX Male	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 6/21/1910	9. AGE (last birthday) 50	IF UNDER 1 YEAR Months 1 Days 28	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman.		10b. KIND OF BUSINESS OR INDUSTRY Insurance Business.	11. BIRTHPLACE (City and state or country) Morrison, Missouri.		12. CITIZEN OF WHAT COUNTRY U. S. A.	
13a. FATHER'S NAME Christ Pope.		13b. MOTHER'S MAIDEN NAME Magdalen Raaf.		14. NAME OF DECEASED'S WIFE Eugenia A. 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. 499-24-3591	17. INFORMANT Address Mrs. Eugenia A. Pope, Washington, 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) Acute Myocardial Infarction					INTERVAL BETWEEN ONSET AND DEATH 1-3 min	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary insufficiency					2 years	
DUE TO (c) Coronary Arteriosclerosis &					and.	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Hypertensive Cardiovascular Disease & Obesity					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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.)		
20c. TIME OF INJURY Hour _____ Month, Day, Year _____						
20d. INJURY OCCURRED WHILE AT WORK <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 8/15/60 to 8/19/60 and last saw him alive on 8/19/60 Death occurred at 11:20 A m on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Samuel C. Bonney M.D.			22b. ADDRESS 205 E. Elm Washington Mo		22c. DATE SIGNED 8/19/60	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 8/22/60	23c. NAME OF CEMETERY OR CREMATORY St. Francis Borgia Cemetery,		23d. LOCATION (City, town, or county) (State) Washington, Mo.		
24. FUNERAL DIRECTOR ADDRESS Nielbrug & Vitt, Inc. Washington, Mo.		25. DATE RECD. BY LOCAL REG. 8/20/60	26. REGISTRAR'S SIGNATURE RL Schumann			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF



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

Jerome F. Suskoda

Licensed Embalmer No. 3507

P. O. Address Washington

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.