

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-019829

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 132 Primary Registration District No. \_\_\_\_\_ Registrar's No. 109 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

VS 300  
Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

USE BLACK INK OR TYPEWRITER RIBBON

|   |  |   |   |
|---|--|---|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>GRUNDY</u>                                      |  | 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admission)<br>a. STATE <u>MISSOURI</u> b. COUNTY <u>GRUNDY</u> |   |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>SPICKARD</u> |  | Length of stay in 1b <u>LIFE</u>  | c. CITY OR TOWN <u>SPICKARD</u>                               |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION       |  | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location) <u>SPICKARD</u> |

|  |                               |  |  |  |
|--|-------------------------------|--|--|--|
| 3. NAME OF DECEASED (Type or print) <u>CLIFFORD WILLIAM POPPINO</u>  |                               |  | 4. DATE OF DEATH <u>MAY 21, 1963</u>                                   |  |
| 5. SEX <u>MALE</u>   | 6. COLOR OR RACE <u>WHITE</u> | 7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>MAR. 10, 1903</u>                                  | 9. AGE (last birthday) <u>60</u>       |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>         |                               | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>SPICKARD, GRUNDY, MO</u> | 12. CITIZEN OF WHAT COUNTRY <u>USA</u> |
| 13a. FATHER'S NAME <u>GEORGE POPPINO</u>   |                               | 13b. MOTHER'S MAIDEN NAME <u>JENNIE CROCKETT</u>   | 14. NAME OF HUSBAND OR WIFE  |  |
| 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.  | 17. INFORMANT <u>Miss John Kennedy, Trenton, Mo</u>                    |  |

|  |  |  |
|--|--|--|
| 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:<br>IMMEDIATE CAUSE (a) <u>Natural Causes</u>  |  |  |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) <u>Soul dead in Home, no medical attendance</u> |  |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)  |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><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 a.m. p.m. Month, Day, Year  | <u>Deceased H Stated County Coroner, 5-21-63</u>  |  |              |
| 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 May 21, 1963 to May 21, 1963 and last saw him alive on \_\_\_\_\_  
Death occurred at about 7:00 p m on the date stated above, and to the best of my knowledge, from the causes stated.

|  |                            |   |   |
|--|----------------------------|---|---|
| 22a. SIGNATURE (Describe or title) <u>Dorene Fair, Local Registrar</u> |                            | 22b. ADDRESS <u>Trenton Mo</u>                              | 22c. DATE SIGNED <u>5-23-63</u>                                   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>                | 23b. DATE <u>5-23-1963</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>BOSWORTH CEMETERY</u> | 23d. LOCATION (City, town, or county) (State) <u>SPICKARD MO.</u> |
| 24. FUNERAL DIRECTOR ADDRESS <u>WISE FUNERAL HOME SPICKARD MO.</u>     |                            | 25. DATE RECD. BY LOCAL REG. <u>5-23-63</u>                 | 26. REGISTRAR'S SIGNATURE <u>Dorene Fair</u>                      |

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**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 *Cross Wise*

Licensed Embalmer No. 3771

P. O. Address Spickard 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.

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