

S. No. 300
v. 10.48

FILED JUL 15 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 20396

BIRTH NO. _____ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 3048 Registrar's No. 167

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

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, write RURAL and give township) Maryville		c. CITY (If outside corporate limits, write RURAL and give township) Maryville	
c. LENGTH OF STAY (in this place) 2 years		d. STREET ADDRESS (If rural, give location) 822 East Fourth	
d. FULL NAME OF HOSPITAL OR INSTITUTION 822 East Fourth			

3. NAME OF DECEASED (Type or Print) a. (First) FRED b. (Middle) HENRY c. (Last) POPPA			4. DATE OF DEATH (Month) (Day) (Year) 7 4 49		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	
8. DATE OF BIRTH 3/17/96		9. AGE (In years last birthday) 53		IF UNDER 1 YEAR Months Days	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Janitor		10b. KIND OF BUSINESS OR INDUSTRY Public School		11. BIRTHPLACE (State or foreign country) Hanover, Germany	
12. CITIZEN OF WHAT COUNTRY? USA					

13a. FATHER'S NAME Wm. Henry Poppa		13b. MOTHER'S MAIDEN NAME Unknown		14. NAME OF HUSBAND OR WIFE Mary Erdman Poppa	
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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. 497-30-6395		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Fred Poppa, Maryville, Mo.	
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocarditis ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) BRONCHIAL ASTHMA DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. 241X				INTERVAL BETWEEN ONSET AND DEATH 12 hrs. 15 yrs	
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19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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)	
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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?	
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22. I hereby certify that I attended the deceased from **Dec 8, 1978**, to **July 4, 1949**, that I last saw the deceased alive on **JULY 4, 1949**, and that death occurred at **4:30A m.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) W. L. Sausfather D. O. 2		23b. ADDRESS Maryville, Missouri		23c. DATE SIGNED 7-6-49	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 7/6/49		24c. NAME OF CEMETERY OR CREMATORY Oak Hill		24d. LOCATION (City, town, or county) (State) Maryville, Missouri	
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DATE REC'D BY LOCAL REG. 7-9-49		REGISTRAR'S SIGNATURE Bess Holt		FUNERAL DIRECTOR'S SIGNATURE W. L. Sausfather		ADDRESS Maryville, Mo.	
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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 _____
Student Embalmer

Signed Clem M. Price

Licensed Embalmer No. 1822

P. O. Address Marionville 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 this body is not embalmed, fact should be so stated above.