

FILED OCT 9 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 30038

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 661A

1. PLACE OF DEATH a. COUNTY <u>Greene</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Webster</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Springfield</u>		c. LENGTH OF STAY (In this place) <u>1 day</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>VA Hospital, O'Reilly</u>		d. STREET ADDRESS (If rural, give location) <u>613 W. Jackson Street</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Cecil</u> c. (Last) <u>POPE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>July 24 1950</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>January 1, 1909</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Unknown</u>	9. AGE (In years last birthday) <u>41</u> IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
11. BIRTHPLACE (State or foreign country) <u>Harville, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>John Cecil Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Matie Fletcher</u>	
14. NAME OF HUSBAND OR WIFE <u>Icie Pope</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>Yes WW II</u>	
16. SOCIAL SECURITY NO. <u>Unknown</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>O'Reilly VA Hospital Springfield, Mo</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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ast, secondary to intrabronchial pneumonia. (2) Semirecent myocardial infar-</u> ANTECEDENT CAUSES <u>Chronic adhesive pleuritis, left. Hydro-</u> DUE TO (b) <u>actions (two)</u> DUE TO (c) <u>thorax, right, coronary sclerosis moderate.</u> II. OTHER SIGNIFICANT CONDITIONS <u>moderate.</u> 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? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		INTERVAL BETWEEN ONSET AND DEATH <u>4201</u>	
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)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>VA m.</u>	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? <u>1:00PM 6:15PM</u>	
22. I hereby certify that I attended the deceased from <u>July 24, 1950</u> , to <u>July 24, 1950</u> , and that death occurred at <u>6:15P m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. J. Bondurant</u> (Degree or title) <u>Acting Chief Professional Services</u>		23b. ADDRESS <u>VA Hospital, Springfield Mo.</u>	
23c. DATE SIGNED <u>7/24/50</u>		24. LOCATION (City, town, or county) (State) <u>Marshfield Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>July 26, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Marshfield</u>	24d. LOCATION (City, town, or county) (State) <u>Marshfield Mo.</u>
DATE REC'D. BY LOCAL REG. <u>10-7-50</u>	REGISTRAR'S SIGNATURE <u>W.E. Handley M.D.</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Arthur Bruce Marshfield, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-482396  
0

OCT 20 1954

DEC 30 1954

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 Arthur Bruce

Licensed Embalmer No. 4723

P. O. Address Marshallfield, Md

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.