

FILED NOV 13 1950

THE DIVISION OF HEALTH - MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 33178

BIRTH NO. _____		REG. DIST. NO. 118		PRIMARY REG. DIST. NO. 5440		Registrar's No. 35			
1. PLACE OF DEATH a. COUNTY <u>Gasconade</u>				2. USUAL RESIDENCE (Where deceased lived, or institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Gasconade</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Clay Township)</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural (Clay Township)</u>		d. STREET ADDRESS (If rural, give location) <u>0370</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>family home</u>				3. NAME OF DECEASED a. (First) <u>Olives</u> b. (Middle) <u>CLEVELAND</u> c. (Last) <u>Pope</u>					
4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 30-1950</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>June 24-1893</u>		9. AGE (In years last birthday) <u>58</u>		10. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Missouri</u>			
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>own farm</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>John Pope</u>			
13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>Loate Norwood</u>		14. NAME OF MOTHER OR WIFE <u>Mrs Bertha Creschew</u>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>yes W.W.II</u>			
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Bertha Pope</u>		17. INFORMANT'S SIGNATURE OR NAME		ADDRESS			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u>				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____				3 days	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dyskinesia - post-encephalitis - 25 yrs.</u>								7501	
19a. DATE OF OPERATION <u>10-23-50</u>		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
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)		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?					
22. I hereby certify that I attended the deceased from <u>10-12-50</u> , to <u>10-20-50</u> , that I last saw the deceased alive on <u>10-19-50</u> , and that death occurred at <u>3:45 PM.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Paul H. ...</u>				23b. ADDRESS <u>Oswanville, Mo.</u>		23c. DATE SIGNED <u>10-23-50</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State)			
<u>Burial</u>		<u>10-23-50</u>		<u>Zion Evangelical</u>		<u>Blair, Missouri</u>			
DATE RECEIVED BY LOCAL REG. <u>Oct. 24, 1950</u>		REGISTRAR'S SIGNATURE <u>Barthelme ...</u>		FUNERAL DIRECTOR'S SIGNATURE <u>...</u>					

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
NOV - 3 1950
DISTRICT HEALTH OFFICE No. 4
FEB 10 1951
JAN 5 1951

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed *Arthur S. Sweeney*

Licensed Embalmer No. *4178*

P. O. Address *Blair Ave*

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.

State of Missouri }
County of Gasconade } ss.

THE STATE BOARD OF HEALTH OF MISSOURI
BUREAU OF VITAL STATISTICS

State File No. 33178
Local Registrar's No.

AFFIDAVIT FOR CORRECTION OF A RECORD

On this 14th day of February, 1951, before me appears.....
Chester Sassmann, who, upon his oath, states that the original record of ^{birth} death
for Oliver Cleveland Pope died October 20th, 1950, in the State of
Missouri, and which was filed at..... on....., 19....., should be corrected as follows:

Item No. 1 should read Oliver Cleveland Pope

Instead of Oliver Leonard Pope

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Chester Sassmann none
undertaker Relationship.

Blair, Mo.
Present Address.

Subscribed and sworn to before me this 14th day of February, 1951.

My Commission expires 5/13th 1953.
H. Meese, Notary Public.

Annulars containing erasures will not be accepted; draw one line through error and write above it.