

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **37600**

DEC 8 1952

BIRTH NO.

REG. DIST. NO. 15

PRIMARY REG. DIST. NO. 3004

Registrar's No. 75

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

1. PLACE OF DEATH a. COUNTY Barton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Barton	
b. CITY OR TOWN Lamar		c. CITY OR TOWN Lamar	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital		d. STREET ADDRESS 1009 Grand	
3. NAME OF DECEASED (Type or Print) a. (First) AMY b. (Middle) LOUISE c. (Last) POPE		4. DATE OF DEATH (Month) (Day) (Year) Nov 30 1952	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Dec 5 1889
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Own home	9. AGE (In years last birthday) 62
11. BIRTHPLACE (State or foreign country) Louisville, Nebraska		12. CITIZEN OF WHAT COUNTRY? US	
13a. FATHER'S NAME J. H. Johnson		13b. MOTHER'S MAIDEN NAME Louisa Konradson	
14. NAME OF HUSBAND OR WIFE Thomas C. Pope		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	
16. SOCIAL SECURITY NO. XXX		17. INFORMANT'S SIGNATURE OR NAME Glenn Pope, Dix, Nebraska	
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>Cancer of Right Kidney</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 yr.</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) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>metastases to left femur skull & right mandible.</u>	
19a. DATE OF OPERATION Dec 1951		19b. MAJOR FINDINGS OF OPERATION <u>Cancer of Right Kidney</u>	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 Dec. 1951, to Nov 30, 1952, that I last saw the deceased alive on Nov 30, 1952, and that death occurred at 12 Noon, from the causes and on the date stated above.	
23a. SIGNATURE <u>Sam T. Pichel, M.D.</u> (Degree or title)		23b. ADDRESS <u>Lamar, Mo.</u>	
23c. DATE SIGNED <u>11/30/52</u>		24. LOCATION (City, town, or county) (State)	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Dec 3 1952	
24c. NAME OF CEMETERY OR CREMATORY Lake Cemetery		24d. LOCATION (City, town, or county) (State) Lamar, Missouri	
DATE REC'D BY LOCAL REG. DEC 1 - 1952		REGISTRAR'S SIGNATURE <u>Maria Konantz</u>	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Konantz Funeral Home, Lamar, Missouri	

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.....

Carl F. Konantz

Signed.....
Student Embalmer

Licensed Embalmer No. 2247

P. O. Address. Lamer, Missouri

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.