

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

10316

State File No. 101-1139

Registrar's No. 046001

FILED MAR 31 1953

BIRTH NO. _____		REG. DIST. NO. <u>155</u>		PRIMARY REG. DIST. NO. <u>3127</u>	
1. PLACE OF DEATH a. COUNTY JASPER			2. USUAL RESIDENCE (Where deceased lived, if institution residence before admission) a. STATE MISSOURI b. COUNTY JASPER		
b. CITY (If outside corporate limits, write RURAL and give township) WEBB CITY		c. LENGTH OF STAY (In this place) 3 DAYS	c. CITY (If outside corporate limits, write RURAL and give township) JOPLIN		0495
d. FULL NAME OF HOSPITAL OR INSTITUTION JANE CHINN HOSPITAL			d. STREET ADDRESS (If rural, give location) 1615 GRAND		
3. NAME OF DECEASED (Type or Print) a. (First) IDA		b. (Middle) MAY		c. (Last) POPE	
4. DATE OF DEATH (Month) (Day) (Year) MARCH 21, 1953		5. SEX FEMALE		6. COLOR OR RACE WHITE	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH JULY 31, 1880		9. AGE (In years last birthday) Months Days Hours Mins. 72	
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		11. BIRTHPLACE (State or foreign country) MT. STERLING, ILLINOIS	
12. CITIZEN OF WHAT COUNTRY USA		13a. FATHER'S NAME PETERSON		13b. MOTHER'S MAIDEN NAME ELIZABETH PARKER	
14. NAME OF HUSBAND OR WIFE MARION ELMER POPE		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. ---	
17. INFORMANT'S SIGNATURE OR NAME MARION ELMER POPE, 1615 GRAND, JOPLIN		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, asthma, etc. It means the disease, injury, or complication which caused death. I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Apoplexy ANTECEDENT CAUSES Generalized Atherosclerosis 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. 19a. DATE OF OPERATION		MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH 2 days can't state	
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) 334X		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>March 19</u> , 19 <u>53</u> , to <u>MARCH 21</u> , 19 <u>53</u> , that I last saw the deceased alive on <u>MARCH 21</u> , 19 <u>53</u> , and that death occurred at <u>7:00 A. m.</u> , from the causes and on the date stated above.					
23a. SIGNATURE Wm. Wells - Surgeon		(Degree or title)		23b. ADDRESS 924 N. Dayton, W.C.	
23c. DATE SIGNED 3/24/53		24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 3-24-53	
24c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK		24d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI		DATE REC'D BY LOCAL REG. 3-24-53	
REGISTRAR'S SIGNATURE Mr. Madeline Surgen		474		25. FUNERAL DIRECTOR'S SIGNATURE STEVE PARKER MORTUARY, JOPLIN, MO.	

(Licensed Embalmer's Statement on Reverse Side)

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

0492
C

RECEIVED 3-30-53
Jasper County Health Office

County File Number 53/3/283

Date Filed 3-30-53

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.....

Steve Parker

Signed.....
Student Embalmer

Licensed Embalmer No 2548

P. O. Address John Van

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.