

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

11352

FILED MAY 12 1954

State File No. 287
Registrar's No. 287

BIRTH NO. _____		REG. DIST. NO. <u>43</u>		PRIMARY REG. DIST. NO. <u>3007</u>	
1. PLACE OF DEATH a. COUNTY <u>Butler</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Poplar Bluff</u>		c. LENGTH OF STAY (in this place) <u>1 day</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clarkton</u>		d. STREET ADDRESS (If rural, give location) <u>City</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 20 1954</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u>		b. (Middle) <u>H.</u>	c. (Last) <u>POPE</u>	5. SEX <u>Male</u>	
6. COLOR OR RACE <u>Black</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Feb. 9, 1929</u>	9. AGE (In years last birthday) <u>25</u>	10. MONTHS <u>2</u> 11. DAYS <u>11</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
13a. FATHER'S NAME <u>Jay Pope</u>		13b. MOTHER'S MAIDEN NAME <u>Ella Mae Williams</u>		14. NAME OF HUSBAND OR WIFE <u>Pearl Mae Pope</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Jay Pope, Clarkton, Missouri</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>Acute peritonitis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Ruptured gangrenous appendix</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>
19a. DATE OF OPERATION <u>4-20-54</u>		19b. MAJOR FINDINGS OF OPERATION <u>above</u>		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) <u>5501</u>		
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)		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>Apr 20, 1954</u> , to <u>Apr 20, 1954</u> , that I last saw the deceased alive on <u>Apr 20, 1954</u> , and that death occurred at <u>8:30 P.</u> m., from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <u>Margaret O. Schrecker, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>		23c. DATE SIGNED <u>4-27-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Apr. 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Staffield Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Clarkton, Mo. R.I.</u>	
DATE REC'D BY LOCAL REG. <u>5/5/54</u>		REGISTRAR'S SIGNATURE <u>R. H. Mueller</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bandess Funeral Home, Campbell, Mo</u>	

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

RECEIVED
MAY 10 1954
BUTLER CO. HEALTH CENTER
FILE No. _____

APR 12 1955

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

Christina M. Landese

Licensed Embalmer No. 4222

P. O. Address Campbell, 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.