

FILED JUN 14 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15567

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 2000 Registrar's No. 555

1. PLACE OF DEATH a. COUNTY <b>Greene</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Springfield</b>		c. LENGTH OF STAY (In this place) <b>2 1/2 Hrs.</b>	c. CITY OR TOWN <b>Springfield</b>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Burge Hospital</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
e. STREET ADDRESS <b>1525 W. Division</b>		(If rural, give location) <b>03960</b>	

3. NAME OF DECEASED (Type or Print) <b>FRANK</b>		a. (First)	b. (Middle)	c. (Last) <b>POPE</b>	4. DATE OF DEATH <b>June 9, 1954</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>27 March 1885</b>	9. AGE (In years last birthday) <b>69</b>	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Livestock Buyer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Livestock Buyer</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Missouri</b>		12. CITIZEN OF WHAT COUNTRY <b>USA</b>	

13a. FATHER'S NAME <b>N. K. POPE SR.</b>		13b. MOTHER'S MAIDEN NAME <b>MARY JANE CREEP</b>		14. NAME OF HUSBAND OR WIFE <b>Lulu Pope</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give way or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>UNKNOWN</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Lulu Pope</b>	
				ADDRESS <b>Springfield, Mo.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a)		<i>Skull Fracture &amp; Internal injuries</i>			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES			
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)			
		DUE TO (c)		<i>Auto accident</i>	
II. OTHER SIGNIFICANT CONDITIONS		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <b>Accident</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg, etc.) <b>U.S. Highway #66</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>4 Miles East of Lawrence County Line Greene, Mo.</b>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <b>June 9, 1954 4:45P</b>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Automobile Accident</b>	

22. I hereby certify that I attended the deceased from **9 June, 1954**, to **9 June, 1954**, that I last saw the deceased alive on **9 June, 1954**, and that death occurred at **7:51P** a.m., from the causes and on the date stated above.

23a. SIGNATURE <i>N. K. Pope</i>		(Degree or title) <b>M.D.</b>		23b. ADDRESS <b>221 1/2 E. Commercial Springfield, Missouri</b>		23c. DATE SIGNED <b>6-10-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>6/13/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Olive Point</b>		24d. LOCATION (City, town, or county) (State) <b>Hickory County, Missouri</b>	

DATE REC'D BY LOCAL REG. <b>6-10-54</b>		REGISTRAR'S SIGNATURE <i>T. H. Williamson</i>		FUNERAL DIRECTOR'S SIGNATURE <i>J. Klingner</i>		ADDRESS <b>Co Springfield, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
0.48

1951-8-1-834

MAY 22 1951

JUN 8 1951

JUN 6 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 ..... Student Embalmer No. .... working under my personal supervision..

Student ..... Signature of Student Embalmer

Signed *J.B. Klingner*

Licensed Embalmer No. 335

P. O. Address .....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting. If this body is not embalmed, fact should be so stated above.