No. 300
10-48

FILED JUN 21 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18716

State File No. .....

BIRTH NO. ..... REG. DIST. NO. 1372 PRIMARY REG. DIST. NO. 4214 Registrar's No. H

420

1. PLACE OF DEATH
a. COUNTY Henry
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Deepwater
c. LENGTH OF STAY (in this place) 4 mo.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Home General Delivery

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Henry
c. CITY OR TOWN Deepwater
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location) General Delivery 0420

3. NAME OF DECEASED (Type or Print) a. (First) ELDORA b. (Middle) — c. (Last) POPE

4. DATE OF DEATH (Month) June (Day) 10 (Year) 1954

5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married
8. DATE OF BIRTH June 24 1882
9. AGE (In years last birthday) 71 IF UNDER 1 YEAR Months 11 Days 16 IF UNDER 24 HRS. Hours — Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper
10b. KIND OF BUSINESS OR INDUSTRY Housekeeper
11. BIRTHPLACE (City and State or Foreign Country) Benton County Missouri
12. CITIZEN OF WHAT COUNTRY? USA

13a. FATHER'S NAME John Pope
13b. MOTHER'S MAIDEN NAME Mary E Hughes
14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME Anita Pope ADDRESS Deepwater Mo.

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Tuberculosis — INTERVAL BETWEEN ONSET AND DEATH unknown

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Undernourished
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Myocardial Insufficiency

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Feb 8 *, 19*54*, to* June 18*, 19*54*, that I last saw the deceased alive on* June 10*, 19*54*, and that death occurred at* 7:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE DCR Townsend (Degree or title) DO
23b. ADDRESS Deepwater Mis
23c. DATE SIGNED 6-13-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE June 14, 1954
24c. NAME OF CEMETERY OR CREMATORY Englewood
24d. LOCATION (City, town, or county) (State) Clinton Mo.

DATE REC'D BY LOCAL REG. June 14-54
REGISTRAR'S SIGNATURE Florence Adair 422-D
25. FUNERAL DIRECTOR'S SIGNATURE Fred Wilkinson ADDRESS Funeral Home Clinton Mo.

(Licensed Embalmer's Statement on Reverse Side)

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

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embal

by me, or by ....., Student Embalmer No.....

working under my personal supervision.

Student.....
Signature of Student Embalmer

Signed F Lee Schabug

Licensed Embalmer No. 431

P. O. Address Clinton

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fai 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.