

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

DR. POWELL  
State File No. 22737

No. 300  
10-48

FILED JUL 26 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 128 PRIMARY REG. DIST. NO. 200 Registrar's No. 689

1. PLACE OF DEATH a. COUNTY <b>GREENE</b>		2. USUAL RESIDENCE (Where deceased lived.) a. STATE <b>MISSOURI</b> b. COUNTY <b>GREENE</b>	
b. CITY OR TOWN <b>SPRINGFIELD</b>		c. CITY OR TOWN <b>SPRINGFIELD</b>	
c. LENGTH OF STAY (in this place) <b>7 DAYS</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>ST JOHN'S HOSPITAL</b>		e. STREET ADDRESS (If rural, give location) <b>1235 EAST DELMAR</b>	

3. NAME OF DECEASED (Type or Print) <b>ANNA ALMA POPPENHOUSE</b>			4. DATE OF DEATH <b>JULY 16, 1954</b>		
5. SEX <b>FEMALE</b>		6. COLOR OR RACE <b>WHITE</b>		7. MARRIED NEVER MARRIED, DIVORCED, WIDOWED (Specify) <b>NEVER MARRIED</b>	
8. DATE OF BIRTH <b>MARCH 16, 1907</b>		9. AGE (In years last birthday) <b>47</b>		10. UNDER 1 YEAR: Months _____ Days _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOME</b>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <b>OWENSVILLE, MISSOURI</b>	
12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>					

13a. FATHER'S NAME <b>AUGUST POPPENHOUSE</b>		13b. MOTHER'S MAIDEN NAME <b>MARY HEIDBRADER</b>		14. NAME OF HUSBAND OR WIFE <b>X</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>NO</b>		16. SOCIAL SECURITY NO. <b>500-09-9690</b>		17. INFORMANT'S SIGNATURE OR NAME <b>MRS J. D. HORTON</b>	
				ADDRESS <b>SPRINGFIELD, MO</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>This does not mean the mode of dying, such as heart failure, asthma, etc., but means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>uraemia</b>		INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <b>Polycystic Kidney</b>			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>7571</b>		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)	
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 2-13, 1952 to 7-16, 1954 that I last saw the deceased alive on 7-16, 1954 and that death occurred at 5:30 P. M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>Walter S. Powell, M.D.</b>		23b. ADDRESS <b>Springfield, Mo</b>		23c. DATE SIGNED <b>7-15-54</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>7/19/54</b>		24c. NAME OF CEMETERY OR CREMATORY <b>OWENSVILLE CEM.</b>	
24d. LOCATION (City, town, or county) (State) <b>OWENSVILLE, MO</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>HERMAN LOHMEYER</b>			
DATE REC'D BY LOCAL REG. <b>7/20/54</b>		REGISTRAR'S SIGNATURE <b>Emil Williams</b>		ADDRESS <b>SPRINGFIELD, MO</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 11 1955

DEC 11 1955

DEC 6 1954

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 *R. L. McCann*.....

Licensed Embalmer No. *272*.....

P. O. Address *Springfield*.....

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.