

FILED JUN 29 1955

STANDARD CERTIFICATE OF DEATH

State File No. 18048

BIRTH NO. _____ REG. DIST. NO. 71 PRIMARY REG. DIST. NO. 3012 Registrar's No. 53

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Excelsior Springs</u>		c. CITY OR TOWN <u>Excelsior Spgs</u>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (in this place) _____		e. STREET ADDRESS (If rural, give location) <u>Concourse Cabins on Concourse</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Excelsior Spgs Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>SALLIE</u>	b. (Middle) <u>MAUDE</u>	c. (Last) <u>POPEJOY</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>May 31 1955</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widow</u>	8. DATE OF BIRTH <u>Oct 8 1888</u>
9. AGE (In years last birthday) <u>66</u>		if UNDER 1 YEAR Months <u>7</u> Day <u>23</u>	if UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maid at McCleary Clinic</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	
11. BIRTHPLACE (City and State or Foreign Country) <u>Lexington Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>Thomas Walton</u>	13b. MOTHER'S MAIDEN NAME <u>Elizabeth Huddleston</u>	14. NAME OF HUSBAND OR WIFE <u>#####</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>491-01-8829</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Mack W. Popejoy -Excelsior Spgs</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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>instant</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Infarction of myocardium</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <u>carcinoma of sigmoid</u> DUE TO (c) <u>passive congestion of liver cyst of both ovaries</u>		<u>unknown</u> <u>unknown</u> <u>unknown</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>severe anemia</u>		<u>153A</u>	<u>5 months</u>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 10/23 19 54 to 5/31/ 19 55, that I last saw the deceased alive on 5/31 19 55, and that death occurred at 5:40 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>[Signature]</u> M.D.	23b. ADDRESS <u>Excelsior Springs Missouri</u>	23c. DATE SIGNED <u>6/3/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>June 3 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Machpelah Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Lexington Missouri</u>
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DATE REC'D BY LOCAL REG. <u>6/2/55</u>	REGISTRAR'S SIGNATURE <u>Barlene Stutchings</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Virgil Hope Excelsior Spgs</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JUN 30 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 *James A. Moler*.....

Licensed Embalmer No. 3296.....

P. O. Address Excelsior S.....

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.