

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

39600

FILED JAN 4 - 1956
BIRTH NO. 62442-55 REG. DIST. NO. 11 PRIMARY REG. DIST. NO. 4024 State File No. Registrar's No. 96

1. PLACE OF DEATH a. COUNTY BARRY		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BARRY	
b. CITY (If outside corporate limits, write RURAL and give township) CASSVILLE		c. LENGTH OF STAY (in this place) 2 1/2 months	
d. FULL NAME OF HOSPITAL OR INSTITUTION 1306 Townsend		e. STREET ADDRESS (If rural, give location) 1306 Townsend	
3. NAME OF DECEASED a. (First) BILLY		b. (Middle) FRANK	
c. (Last) FOPP		4. DATE OF DEATH (Month) (Day) (Year) Dec. 23, 1955	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Oct. 14, 1915
9. AGE (In years last birthday) 40	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Barry	11. BIRTHPLACE (City and State or Foreign Country) Cassville, Mo	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dick Fopp	13b. MOTHER'S MAIDEN NAME Norma Lee Walden	14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO	16. SOCIAL SECURITY NO. ---	17. INFORMANT'S SIGNATURE OR NAME Dick Fopp, Cassville 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute viral pneumonia with pulmonary embolism	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b)	
DUE TO (c)		INTERVAL BETWEEN ONSET AND DEATH about 3-4 hrs.	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		492x	
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)	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 Oct. 14, 1955 , to Dec. 23, 1955 , that I last saw the deceased alive on 10-31, 1955 , and that death occurred at 4:49 a.m. , from the causes and on the date stated above.			
23a. SIGNATURE Mary Newman	(Degree or title) M.D.	23b. ADDRESS Cassville, Mo.	23c. DATE SIGNED 12-26-55
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE 12-26-55	24c. NAME OF CEMETERY OR CREMATORY Crematio Cemetery	24d. LOCATION (City, town, or county) (State) Barry Co. Mo.
DATE REC'D BY LOCAL REG. 12-27-55	REGISTRAR'S SIGNATURE Mary McDonald	25. FUNERAL DIRECTOR'S SIGNATURE David Williams	ADDRESS Cassville Mo

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

BARRY COUNTY HEALTH UNIT
CASSVILLE, MO.

NO. 156-1

DATE REC. 1-3-56

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb
by me, or by, Student Embalmer No.....
working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John E. Williamson*

Licensed Embalmer No. 488

P. O. Address Cassville

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