

Health,
Welfare
Public
Service

3300
1-56

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Diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

Dr. Strong

STATE FILE NUMBER **34791**

FILED OCT 18 1956

Registration District No. *209* Primary Registration District No. *3043* Registrar's No. *351*

1. PLACE OF DEATH a. COUNTY <i>Marion</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Marion</i>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Hannibal</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <i>Hannibal</i>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>St. Elizabeth Hospital</i>				Length of stay in 1b		d. STREET ADDRESS (If outside, give location) <i>2103 Irwin</i>	
3. NAME OF DECEASED (Type or print) First <i>Russell</i>		Middle <i>R.</i>		Last <i>POPE</i>		4. DATE OF DEATH Month <i>10</i> Day <i>4</i> Year <i>1956</i>	
5. SEX <i>Male</i>		6. COLOR OR RACE <i>White</i>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <i>2/25/1879</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Laborer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>RETIRED</i>		11. BIRTHPLACE (City and state or country) <i>Springfield ILL</i>		12. CITIZEN OF WHAT COUNTRY? <i>U. S. A.</i>	
13. FATHER'S NAME <i>PETER POPE</i>				14. MOTHER'S MAIDEN NAME <i>JULIA REDDING</i>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <i>No</i>		16. SOCIAL SECURITY NO.		17. INFORMANT <i>MRS BEULHA POPE 2103 Irwin, Hannibal Mo.</i>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Ventricular fibrillation</i>							INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of Item 18.) <i>4331</i>					
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on <i>10-1-56</i> Death occurred at <i>5:00 A.</i> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE <i>R M Strong, MD</i> (Degree or title)				22b. ADDRESS <i>115 N Fifth, Hannibal, Mo</i>		22c. DATE SIGNED <i>10-10-56</i>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		23b. DATE <i>10-6-56</i>		23c. NAME OF CEMETERY OR CREMATORY <i>MT. OLIVET CEMETERY</i>		23d. LOCATION (City, town, or county) (State) <i>Hannibal Mo</i>	
24. FUNERAL DIRECTOR <i>Wm P. Daniel</i>		ADDRESS <i>Hannibal, Mo</i>		25. DATE RECD. BY LOCAL REG. <i>10/12/56</i>		26. REGISTRAR'S SIGNATURE <i>Wm Lucko By H C Fisher</i>	

(Licensed Embalmer's Statement on Reverse Side)

OCT 17 1956

RECEIVED

MARION CO. HEALTH DEPT.

DATE FILED OCT 17 1956

STATEMENT BY LICENSED EMBALMER

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

Student.....
Signature of Student Embalmer

Signed..... *N. M. O'Donnell*

Licensed Embalmer No. *38*

P. O. Address *HARRISBURG*

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