

FILED MAY 14 1957

STANDARD CERTIFICATE OF DEATH

State File No. 14389

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 3060 Registrar's No. 142

1. PLACE OF DEATH a. COUNTY <b>ST. FRANCIS</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>MADISON</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>FARMINGTON</b>	c. LENGTH OF STAY (In this place) <b>20 mos.</b>	c. CITY OR TOWN <b>MARDUAND</b>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>McGUIRE Nursing Home</b>		STREET ADDRESS (If rural, give location) <b>0620 15 mi. S.E. of FREDERICKTOWN</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>GEORGE</b> b. (Middle) <b>PINKNEY</b> c. (Last) <b>POPE</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>APRIL 30, 1957</b>		
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>AUG. 15, 1875</b>	9. AGE (In years last birthday) <b>81</b>	IF UNDER 1 YEAR Days <b>8</b> Hours <b>15</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>FARMER - MINISTER</b>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <b>MADISON COUNTY, MO.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>JOSEPH W. POPE</b>		13b. MOTHER'S MAIDEN NAME <b>JANE DOUGLAS</b>		14. NAME OF HUSBAND OR WIFE <b>MARY ELIZABETH POPE</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>		16. SOCIAL SECURITY NO. <b>NONE</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>MRS. RUTH LAPLANT, ZION, MO.</b>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>ACUTE CONGESTIVE HEART FAILURE</b>		DUE TO (b) <b>TRICUSPID ENLARGEMENT &amp; PROLONGED RECOVERY</b>			<b>10 hr.</b>
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <b>ARTERIOSCLEROSIS</b>			<b>2 days</b>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>332X</b>		20. AUTOPSY? <b>2</b> 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) (Min.)		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 **Apr 29**, 1957, to **Apr 30**, 1957, that I last saw the deceased alive on **Apr 29**, 1957, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE <b>Merrill L. Euboe</b> (Degree or title)		23b. ADDRESS <b>10. 2 Farmington, Mo.</b>		23c. DATE SIGNED <b>5-1-57</b>	
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24a. BURIAL - CREMATION - REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>MAY 2, 1957</b>		24c. NAME OF CEMETERY OR CREMATORY <b>MARCUS MEMORIAL PARK</b>		24d. LOCATION (City, town, or county) (State) <b>MADISON COUNTY, MO.</b>	
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DATE REC'D BY LOCAL REG. <b>5-1-57</b>		REGISTRAR'S SIGNATURE <b>Cather Rudloff</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>W. Delmonico - FREDERICKTOWN, MO.</b>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

LS. 00 1181

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 *Raymond B. Wilson*

Licensed Embalmer No. *4887*

P. O. Address *Frederick*

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.