

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-033347
STATE FILE NUMBER

FILED SEP 30 1958

Registration District No. 170 Primary Registration District No. _____ Registrar's No. 137

5. 300
1-57
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1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Pulaskia c. CITY Richland	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dove Mo		c. CITY OR TOWN Richland	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Ceder Grove Nursing Home		d. STREET ADDRESS (If outside, give location) Richland	
3. NAME OF DECEASED (Type or print) First Middle Last Ella Lavina Pope		4. DATE OF DEATH Month Day Year Sept 25 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH Sept 19, 1874
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House-Wife		10b. KIND OF BUSINESS OR INDUSTRY At-Home	11. BIRTHPLACE (City and state or country) Camden County Mo
13a. FATHER'S NAME James M. Winfrey		13b. MOTHER'S MAIDEN NAME Sarah Pritchett	14. NAME OF HUSBAND OR WIFE John A. Pope
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. no	17. INFORMANT Address Edward Winfrey Montreal Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Unknown to me. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Had cystitis and senility in July 1958 DUE TO (c) 605X			INTERVAL BETWEEN ONSET AND DEATH ?
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.)	
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. INJURY OCCURRED WHILE AT <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from _____ to July 1958 and last saw her alive on July 1958 Death occurred at _____ on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) W. L. Carrington M.D.		22b. ADDRESS Lebanon, Mo.	
22c. DATE SIGNED 9-26-58			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Sept 27, 58	23c. NAME OF CEMETERY OR CREMATORY Oak Lawn Cemetery	23d. LOCATION (City, town, or county) (State) Richland Mo
24. FUNERAL DIRECTOR Reed Funeral Home ADDRESS Camdenton Mo		25. DATE RECD. BY LOCAL REG. 9-26-1958	26. REGISTRAR'S SIGNATURE Hella L. May

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

Received SEP 29 1958
Laclede County Health Unit
File No. 137
Date Filed SEP 29 1958

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 Robert H. Reed

Licensed Embalmer No. 3745
P. O. Address Camdenton, Mo.

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.