Health, & Welfare Public Service

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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-036850
STATE FILE NUMBER

FILED OCT 28 1958 Registration District No. 155 Primary Registration District No. 3127 Registrar's No. 190

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1-57

1. PLACE OF DEATH
a. COUNTY JASPER
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only) WEBB CITY — Inside Limits Yes [X] No [ ]
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location) PEARL LEE'S GUEST HOME, 1018 W. 1ST — Length of stay in 1b 14 DAYS

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE MISSOURI b. COUNTY NEWTON
c. CITY OR TOWN RURAL 0-75 SHOAL CRK TWSP — Inside Limits Yes [ ] No [X]
d. STREET ADDRESS (If outside, give location) ROUTE 4, JOPLIN — Reside on Farm Yes [X] No [ ]

3. NAME OF DECEASED (Type or print) First MARION Middle ELMER Last POPE
4. DATE OF DEATH Month OCTOBER Day 17 Year 1958
5. SEX M
6. COLOR OR RACE W
7. MARRIED [ ] NEVER MARRIED [ ] WIDOWED [X] 2 DIVORCED [ ]
8. DATE OF BIRTH OCT. 14, 1871
9. AGE (In years last birthday) 87 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED ENGINEER
10b. KIND OF BUSINESS OR INDUSTRY FRISCO R. R. Co.
11. BIRTHPLACE (City and state or country) MODAWAY COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME DAVID MARION POPE
13b. MOTHER'S MAIDEN NAME EMEROLIS THROCKMORTON
14. NAME OF HUSBAND OR WIFE DEC'D IDA MAY POPE, 3-21-53
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. UNK
17. INFORMANT DAU- Address MRS. C. R. HERROD, RT. 4, JOPLIN, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) TERMINAL PULMONARY EDEMA — INTERVAL BETWEEN ONSET AND DEATH 2 WEEKS
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) FRACTURED HIP (OPERATED 9/24/58)
DUE TO (c) GENERALIZED ARTERIOSCLEROSIS, SENILITY
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) 8 9037/44
19. WAS AUTOPSY PERFORMED? YES [ ] NO [X] 2

20a. ACCIDENT [ ] SUICIDE [ ] HOMICIDE [ ]
20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year
20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ]
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)
20f. CITY, TOWN, OR LOCATION COUNTY STATE 22

21. I attended the deceased from 9/18/58, to 10/17/58 and last saw her/him alive on 10/17/58
Death occurred at 6:15 P m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Wm. Wells Lee (Degree or title) D.O. 2
22b. ADDRESS WEBB CITY, MISSOURI
22c. DATE SIGNED 10/20/58

23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL
23b. DATE 10-20-58
23c. NAME OF CEMETERY OR CREMATORY OZARK MEMORIAL PARK
23d. LOCATION (City, town, or county) (State) JOPLIN, MISSOURI

24. FUNERAL DIRECTOR ADDRESS STEVE PARKER MORTUARY, JOPLIN, MO.
25. DATE RECD. BY LOCAL REG. 10-20-58
26. REGISTRAR'S SIGNATURE Mrs Madeline Switzer

(Licensed Embalmer's Statement on Reverse Side)

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

WM. WELLS-LEE

NOV 6 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 F. M. Jones

Licensed Embalmer No. 2319

P. O. Address Joplin 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.