THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-004830
STATE FILE NUMBER

FILED MAR 3 1959 Registration District No. 65 Primary Registration District No. Registrar's No. 7

1. PLACE OF DEATH
a. COUNTY: Chariton
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Marceline — Inside Limits: Yes ☐ No ☒
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): R.F.D. I — Length of stay in Ib: Life

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo b. COUNTY: Chariton
c. CITY OR TOWN: Marceline — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): R.F.D. I — Reside on Farm: Yes ☒ No ☐

3. NAME OF DECEASED (Type or print): First: Charles Middle: Larry Last: Pope

4. DATE OF DEATH: Month: 2 Day: 25 Year: 59

5. SEX: M

6. COLOR OR RACE: W

7. MARRIED ☐ NEVER MARRIED ☒ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH: 5-13-1938

9. AGE (In years last birthday): 20 — IF UNDER 1 YEAR: Months: 9 Days: 29 — IF UNDER 24 HRS.: Hours: Min.:

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Invalid

10b. KIND OF BUSINESS OR INDUSTRY:

11. BIRTHPLACE (City and state or country): Brookfield, Mo. Linn

12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: William Pope

13b. MOTHER'S MAIDEN NAME: Helen Rusher

14. NAME OF HUSBAND OR WIFE: None

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.: None

17. INFORMANT: William Pope Address: Marceline, 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): Upper respiratory infection with laryngospasm
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Carcinoma polyp,
DUE TO (c):
INTERVAL BETWEEN ONSET AND DEATH:
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): multiple diverticula, poor pharyngeal control. 475X

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐

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

21. I attended the deceased from July 1954, to Feb 10 1959 and last saw him alive on Feb 10, 1959
Death occurred at m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): [illegible]

22b. ADDRESS: Marceline Missouri

22c. DATE SIGNED: 2-26-59

23a. BURIAL, CREMATION, REMOVAL (Specify): B

23b. DATE: 2-28-59

23c. NAME OF CEMETERY OR CREMATORY: Locke

23d. LOCATION (City, town, or county) (State): Marceline Chariton Mo.

24. FUNERAL DIRECTOR: James McLaughlin **ADDRESS**: Marceline

25. DATE RECD. BY LOCAL REG.: 2/28/59

26. REGISTRAR'S SIGNATURE: Mildred Boone

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

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 James B. McClelland

Licensed Embalmer No. 4230

P. O. Address Brookfield, Me

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.