. Health,
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THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

59-008821
STATE FILE NUMBER

FILED MAR 17 1959 Registration District No. 77 Primary Registration District No. 3016 Registrar's No. 78

1. PLACE OF DEATH
a. COUNTY: Cole
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): Jefferson City — Inside Limits: Yes ☒ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): St. Mary's Hospital — Length of stay in 1b:

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Cole
c. CITY OR TOWN: Jefferson City 6264 — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 805 Jackson — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First / Middle / Last: FRED GEORGE POPP

4. DATE OF DEATH Month Day Year: March 13, 1959

5. SEX: Male C
6. COLOR OR RACE: White
7. MARRIED ☒ **NEVER MARRIED** ☐ **WIDOWED** ☐ **DIVORCED** ☐
8. DATE OF BIRTH: Oct. 1, 1883
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months 5, Days 12 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Manager of Grocery Store
10b. KIND OF BUSINESS OR INDUSTRY: Grocery
11. BIRTHPLACE (City and state or country): Osage Bluff, Mo. C
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Adam Popp
13b. MOTHER'S MAIDEN NAME: Margaret Ittner
14. NAME OF HUSBAND OR WIFE: Anna Brenner Popp

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.:
17. INFORMANT: Mrs. Anna Popp — Address: 805 Jackson J.C., 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) Pyelonephritis with uremia, — INTERVAL BETWEEN ONSET AND DEATH: 1 mo.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hydronephrosis, Urinary obstruction, due to — 9 years.
DUE TO (c) Bladder Calculi, filled. Bronchopneumonia — 3 days.
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): 604X
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 2-28-59 to 3-13-59 and last saw ~~her~~ him alive on 3-13-59
Death occurred at 3-13-59 2:05 A.m. on the date stated above and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title): Kendall A. Clark, M.D.
22b. ADDRESS: Jefferson City
22c. DATE SIGNED: 3-14-59

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Mar. 15, 1959
23c. NAME OF CEMETERY OR CREMATORY: Church Cemetery
23d. LOCATION (City, town, or county) (State): Brazito, Mo.

24. FUNERAL DIRECTOR ADDRESS: Victor Buescher J.C. Mo
25. DATE RECD. BY LOCAL REG.: 14 March 1959
26. REGISTRAR'S SIGNATURE: R. C. Norris, M.D. M.R.

(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

VS APR 12 1960

MAR 23 1959

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 Victor Buesche

Licensed Embalmer No. 370

P. O. Address Jcmo

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.