

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013906

STATE FILE NUMBER

FILED MAY 5 1958 Registration District No. 170 Primary Registration District No. 3033 Registrar's No. 75

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-57

1. PLACE OF DEATH a. COUNTY Laclede		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Laclede	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Lebanon		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Lebanon 05320 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 190 Lee St. INSTITUTION		Length of stay in lb 12 yrs.	d. STREET ADDRESS (If outside, give location) 190 Lee St. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First OMEDA Middle ELIZABETH Last POPE			4. DATE OF DEATH Month April Day 25 Year 1959				
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 22, 1885		9. AGE (In years last birthday) 74	IF UNDER 1 YEAR Months 0 Days 0	IF UNDER 24 HRS. Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife		10b. KIND OF BUSINESS OR INDUSTRY home maker		11. BIRTHPLACE (City and state or country) Laclede County, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S. A.	
13a. FATHER'S NAME Sam Cochran			13b. MOTHER'S MAIDEN NAME Sarah Waterman			14. NAME OF HUSBAND OR WIFE Clyde E. Pope	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no none		16. SOCIAL SECURITY NO. 493-03-0119		17. INFORMANT Address Ferrell H. Johnson, M.D., Lebanon, 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) Myocardial Infarction		INTERVAL BETWEEN ONSET AND DEATH 10 hours
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) _____	
	DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Arterial hypertension 4201		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

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.) Arterial hypertension 4201	
20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Feb 1956	20f. CITY, TOWN, OR LOCATION Lebanon	COUNTY Mo	STATE Mo
21. I attended the deceased from Feb 1956 to Apr 25 1959 and last saw her alive on Apr 25, 1959 Death occurred at 8 P m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. H. Johnson MD (Degree or title)		22b. ADDRESS Lebanon Mo	22c. DATE SIGNED 4-27-59

23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 4-28-59	23c. NAME OF CEMETERY OR CREMATORY Atchley Cemetery	23d. LOCATION (City, town, or county) (State) Laclede County, Missouri
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24. FUNERAL DIRECTOR J. J. Madel	ADDRESS Lebanon, Mo.	25. DATE RECD. BY LOCAL REG. 4-28-1959	26. REGISTRAR'S SIGNATURE Wella L. Hays
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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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 *R. Barber*

Licensed Embalmer No. *3528*
P. O. Address *W. H. ...*

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.