

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-001803

FILED VS JAN 26 1961

AMENDED

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 2

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY Jackson b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN R R 2 Tarsney Lake, Oak Grove c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Tarsney Lake			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson c. CITY OR TOWN Tarsney Lake, Oak Grove d. STREET ADDRESS (If outside, give location) R F D 2 Tarsney Lake		
3. NAME OF DECEASED (Type or print) Franklin Leroy Pope			4. DATE OF DEATH Month 1 Day 13 Year 61		
5. SEX Male	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 6/16/1890	9. AGE (last birthday) 70	IF UNDER 1 YEAR Months 0 Days 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Painter		10b. KIND OF BUSINESS OR INDUSTRY Retired	11. BIRTHPLACE (City and state or country) Cherryville, Kansas	12. CITIZEN OF WHAT COUNTRY U S A	
13a. FATHER'S NAME No record		13b. MOTHER'S MAIDEN NAME No record		14. NAME OF HUSBAND OR WIFE Carmen J. Pope	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes WW1		16. SOCIAL SECURITY NO. W W 1		17. INFORMANT Carmen J. Pope Mrs. Josephine Pope	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Coronary Thrombosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary atherosclerosis DUE TO (c) Arteriosclerotic heart disease					INTERVAL BETWEEN ONSET AND DEATH 1 hour 2 years 2 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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.)			
20c. TIME OF INJURY Hour 2:30 a.m. A. Month, Day, Year	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.)		20f. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from Nov. 23, 1960 to Jan 13, 1961 and last saw ^{her} him alive on Dec 27, 1960 Death occurred at 2:30 A. m on the date stated above, and to the best of my knowledge, from the causes stated.			22a. SIGNATURE (Degree or title) John K. Caldwell MD		
22b. ADDRESS 806 E. 12 St. Kansas City, Mo.			22c. DATE SIGNED 1/13/61		
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 1/16/61	23c. NAME OF CEMETERY OR CREMATORY Mt. Olivet		23d. LOCATION (City, town, or county) (State) Kansas City, Mo	
24. FUNERAL DIRECTOR Sheil Colonial Funeral Home K C Mo		25. DATE RECD. BY LOCAL REG. 1-15-61	26. REGISTRAR'S SIGNATURE W B Longford		

DATE AMENDED: 2/3/61
INSTEAD OF: Josephine Floyd, Mrs. Josephine Pope
DOCUMENT: MEDICAL CERTIFICATION
SHOULD READ: Carmen J. Floyd Pope, Mrs. Carmen J. Pope
BY AFFIDAVIT OF INFORMANT

JAN 26 1961

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 [Handwritten Signature]

Licensed Embalmer No. 4454
P. O. Address [Handwritten Address]

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.