

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-002765

AMENDED

Registration District No. 316  
**FILED VS FEB 14 1961**

Primary Registration District No.       

Registrar's No. 47

STATE FILE NUMBER

DATE AMENDED

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

|   |   |  |   |
|---|---|--|---|
| 1. PLACE OF DEATH<br>a. COUNTY <u>St. Francois</u>  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Madison</u>               |   |
| b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN <u>St. Francois Twp. Farmington -rural</u> Length of stay in lb <u>3 years</u>  |   | c. CITY OR TOWN <u>Rural Twelve Mile Township</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>                      |   |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Thomas Dell Home for Aged</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>  |   | d. STREET ADDRESS <u>11 Miles S. of Fredericktown</u> Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>                 |   |
| 3. NAME OF DECEASED (Type or print) First <u>Mary</u> Middle <u>Elizabeth</u> Last <u>Pope</u>  |   |  | 4. DATE OF DEATH <u>February 3, 1961</u>  |
| 5. SEX <u>Female</u>  | 6. COLOR OR RACE <u>White</u>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH <u>2-14-1875</u>   |
| 9. AGE (last birthday) <u>85</u>  |   | IF UNDER 1 YEAR<br>Months <u>      </u> Days <u>      </u>   | IF UNDER 24 HR<br>Hours <u>      </u> Min. <u>      </u>  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>  |   | 10b. KIND OF BUSINESS OR INDUSTRY  | 11. BIRTHPLACE (City and state or country) <u>Tennessee</u>   |
| 12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>   |   | 13a. FATHER'S NAME <u>UNKNOWN</u>  |   |
| 13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>  |   | 14. NAME OF HUSBAND OR WIFE <u>George P. Pope (deceased)</u>   |   |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>  |   | 16. SOCIAL SECURITY NO. <u>None</u>  | 17. INFORMANT Address <u>Mrs. George Johnson - Fredericktown, Mo.</u>   |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <u>Congestive circulatory failure</u><br>Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Decompensated Hypertensive heartdisease</u><br>DUE TO (c) <u>ARTERIOSCLEROSIS</u> |   |  | INTERVAL BETWEEN ONSET AND DEATH <u>3 wks</u><br><u>3 wks</u><br><u>many yrs.</u>   |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Diabetes Mellitus</u>  |   |  | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input checked="" 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 <u>      </u> a.m. <u>      </u> p.m. 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 <u>1953</u> to <u>1961</u> and last saw her <sup>her</sup> <sub>him</sub> alive on <u>2-3-61</u><br>Death occurred at <u>5:00 P.M.</u> on the date stated above, and to the best of my knowledge, from the causes stated.  |   |  |   |
| 22a. SIGNATURE <u>M. K. Kueber</u> (Degree or title)  |   | 22b. ADDRESS <u>Farmington, Missouri</u>   | 22c. DATE SIGNED <u>2-5-1961</u>  |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>   | 23b. DATE <u>2-5-1961</u>   | 23c. NAME OF CEMETERY OR CREMATORY <u>Marcus Memorial Park</u>   | 23d. LOCATION (City, town, or county) (State) <u>Madison County, Missouri</u>   |
| 24. FUNERAL DIRECTOR ADDRESS <u>Fredericktown, Mo.</u>  |   | 25. DATE RECD. BY LOCAL REG. <u>Feb 5, 1961</u>  | 26. REGISTRAR'S SIGNATURE <u>Gertner Rudloff</u>  |

**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

  
\_\_\_\_\_

Licensed Embalmer No. 4357

P. O. Address FREDERICK

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.