

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-008119

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

AMENDED

FILED VS MAR 13 1961

Primary Registration District No. 5304

Registrar's No. 63

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY <b>Cole OSAGE TOWNSHIP</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Cole</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>Jefferson City</b>		c. CITY OR TOWN <b>Jefferson City</b>	
c. FULL NAME OF (If NOT in hospital, give location) <b>Route # 4</b>		d. STREET ADDRESS (If outside, give location) <b>Route # 4</b>	

3. NAME OF DECEASED (Type or print) First <b>OTTO</b> Middle <b>ANDY</b> Last <b>POPP</b>			4. DATE OF DEATH Month <b>March</b> Day <b>3</b> Year <b>1961</b>		
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>12-15-1905</b>	9. AGE (last birthday) <b>55</b>	IF UNDER 1 YEAR Months <b>2</b> Days <b>20</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (City and state or country) <b>Cole County, Mo.</b>	
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>George Popp</b>		13b. MOTHER'S MAIDEN NAME <b>Amelia Schott</b>	
14. NAME OF HUSBAND OR WIFE <b>Never Married</b>		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO.	
17. INFORMANT <b>Leonard Hager Eugene, Mo.</b>		17. INFORMANT Address			

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).  
PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) **Natural Death - Heart Attack**

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) \_\_\_\_\_

DUE TO (c) **BODY FOUND MARCH 5, 1961**

INTERVAL BETWEEN ONSET AND DEATH **Instant**

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.  
 Yes  No  Unknown

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.)  
**Man found dead unattended. Inquest -**

20c. TIME OF DEATH (Hour, Month, Day, Year)  
**9:00 p.m. 3/3/61**

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.)  
**Home**

20f. CITY, TOWN, OR LOCATION COUNTY STATE  
**Osage Bluff (R+4-J.C.) Cole Mo.**

21. I attended the deceased from \_\_\_\_\_ to \_\_\_\_\_ and last saw her/him alive on \_\_\_\_\_  
Death occurred at \_\_\_\_\_ m on the date stated above, and to the best of my knowledge, from the causes stated.

22. SIGNATURE (Degree or title) **Alfred Korb** 22b. ADDRESS **Jefferson City, Mo.** DATE SIGNED **3/7/61**

22c. NAME OF CEMETERY OR CREMATORY **Evangelical church cemetery** 22d. LOCATION (City, town, or county) (State) **Brazito, Mo.**

23a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 23b. DATE **3-9-61**

24. FUNERAL DIRECTOR **Udo Buescher** ADDRESS **JC Mo** 25. DATE RECD. BY LOCAL REG. **7 March 1961** 26. REGISTRAR'S SIGNATURE **R.P. Harris**

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

ITEM NO.

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**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 Buescher

Licensed Embalmer No. 3701

P. O. Address Jemo

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.