

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

63-024091

STATE FILE NUMBER

Registration District No. 740 Primary Registration District No. 5549 Registrar's No. 60

FILED JUN 19 1963

DO NOT WRITE ON THIS SUB

AMENDED

VS 300
Rev. 4/59

1 0450

2 28150

3

4 0

5 0

6

7 0

8 2

9 99291

10 3

11 1045

12 290-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <u>Howard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Kansas</u> b. COUNTY _____	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Richmond Twp.</u> Length of stay in 1b <u>1 hr.</u>		c. CITY OR TOWN <u>Lewisburg</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>R. R.</u> Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		d. STREET ADDRESS (If outside, give location) _____ Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last <u>THOMAS MELVIN POPE</u>			4. DATE OF DEATH Month Day Year <u>June 12, 1963</u>
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5/27/1949</u>
9. AGE (last birthday) <u>14</u>		IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Student</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and state or country) <u>Smithville Mo.</u>
12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Pope</u>	
13b. MOTHER'S MAIDEN NAME <u>Edith M. Worthy</u>		14. NAME OF HUSBAND OR WIFE _____	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <u>No.</u>		16. SOCIAL SECURITY NO. _____	
17. INFORMANT <u>Mrs Warren Clark, Lewisburg Kan.</u>		Address _____	
18. CAUSE OF DEATH (Enter only one cause per time for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Drowning</u>			INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u>
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) _____			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 checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <u>Swimming in farm pond</u>	
20c. TIME OF INJURY <u>2 PM</u> Hour a.m. p.m. Month, Day, Year <u>6-12-63</u>	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>farm pond</u>	20e. CITY, TOWN, OR LOCATION COUNTY STATE <u>Howard, Mo.</u>	
20f. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21. I attended the deceased from <u>6-13-63</u> to <u>6-12-63</u> and last saw her alive on <u>6-12-63</u> Death occurred at <u>2 PM</u> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <u>W. Bloom M.D.</u>		22b. ADDRESS <u>Fayette Mo</u>	22c. DATE SIGNED <u>6-12-63</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>6/12/1963</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Versailles Cemetery</u>	
23d. LOCATION (City, town, or county) <u>Versailles, Mo.</u>		23e. STATE <u>Mo.</u>	
24. FUNERAL DIRECTOR <u>Arnold Linder</u> ADDRESS <u>Versailles, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>6-12-63</u>	26. REGISTRAR'S SIGNATURE <u>Katherine Welch</u>

USE BLACK INK OR TYPEWRITER RIBBON

Permit issued 4-12-63

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 Raymond C. Gordon

Licensed Embalmer No. 4626

P. O. Address Waverly mo.

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.