

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12992

State File No.

BIRTH NO. 175 REG. DIST. NO. 676 PRIMARY REG. DIST. NO. 5-65-2 Registrar's No. 11

1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lawrence</u>	
b. CITY OR TOWN <u>Miller n.a. Lincoln</u>	c. LENGTH OF STAY (in this place) <u>Native</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Miller Lincoln</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Greening</u>		d. STREET ADDRESS (If rural, give location) <u>R.F.D.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>O.</u> c. (Last) <u>Copeland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>4-12-49</u>
--	--

5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-2-1901</u>	9. AGE (In years last birthday) <u>47</u> IF UNDER 1 YEAR Months <u>4</u> Days <u>11</u> IF UNDER 12 HRS. Hours <u>11</u> Min.
--------------------	-------------------------------	---	-----------------------------------	--

10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>groomer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Merchant</u>	11. BIRTHPLACE (State or foreign country) <u>Dade Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY?
---	---	---	------------------------------

13a. FATHER'S NAME <u>Pad Copeland</u>	13b. MOTHER'S MAIDEN NAME <u>Charlotte France Marie Copeland</u>	14. NAME OF HUSBAND OR WIFE
--	--	-----------------------------

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service)	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Marie Copeland Miller Mo</u> ADDRESS
--	-------------------------------------	---

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Sawdust from after</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4943</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>death, presumably</u>		
	DUE TO (c) <u>a heart attack (heart)</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> - NO <input type="checkbox"/>
------------------------	----------------------------------	---

21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
--	--	---

21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR
---	--	---------------------------

22. I hereby certify that I attended the deceased from after, 1949, to death, 1949, that I last saw the deceased alive on , 19 , and that death occurred at 10:30 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. S. Bessinger MD</u> (Degree or title)	23b. ADDRESS <u>Miller, MO</u>	23c. DATE SIGNED <u>4-13-49</u>
--	--------------------------------	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4-14-1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Pennsboro</u>	24d. LOCATION (City, town, or county) (State) <u>N. Miller Dade Co. Mo.</u>
---	----------------------------	---	---

DATE REC'D BY LOCAL REG. <u>4-13-49</u>	REGISTRAR'S SIGNATURE <u>W. S. Bessinger MD</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Maximo - Leiman Miller Mo</u> ADDRESS
---	---	---

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUN 28 1949

District Health Officer No. 6,

District File Number 449-483

Date Filed 4-28-49

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.

Signed J. R. Leiman

Signed _____
Student Embalmer

Licensed Embalmer No. 3297

P. O. Address Miller 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 this body is not embalmed, fact should be so stated above.