

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22599**

FILED JUN 19 1950

BIRTH NO. _____ REG. DIST. NO. **375** PRIMARY REG. DIST. NO. **6278** Registrar's No. **30**

1. PLACE OF DEATH a. COUNTY Wright		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo b. COUNTY Wright	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Brush Creek		c. LENGTH OF STAY (In this place) 73 Yrs	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN: Rural Brush Creek Twp		d. STREET ADDRESS (If rural, give location) 8 Mi. North Hartville	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print)	a. (First) Della	b. (Middle) A.	c. (Last) Cope	4. DATE OF DEATH (Month) (Day) (Year) 6 15 1950
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5. SEX F	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH 10-19-1876	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 7 Days 26	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY ---	11. BIRTHPLACE (State or foreign country) Wright County Mo	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ira Garner	13b. MOTHER'S MAIDEN NAME Martha Wilson	14. NAME OF HUSBAND OR WIFE Jasper N. Cope
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Omar Cope	ADDRESS Hartville, Missouri
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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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 7 days
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		33 IX	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from **June 12, 1950**, to **June 15, 1950**, that I last saw the deceased alive on **June 13, 1950**, and that death occurred at **1:45 Am.**, from the causes and on the date stated above.

23a. SIGNATURE J.P. Mott	(Degree or title) M.D.	23b. ADDRESS Hartville Mo	23c. DATE SIGNED 6-17-50
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24a. BURIAL, CREMATION/REMOVAL (Specify) Burial	24b. DATE 6-18-50	24c. NAME OF CEMETERY OR CREMATORY Coon Creek Cemetery	24d. LOCATION (City, town, or county) (State) Hartville, Mo
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DATE REC'D BY LOCAL REG. 6/17/50	REGISTRAR'S SIGNATURE B. Garner	5. FUNERAL DIRECTOR'S SIGNATURE Gene E. Holden	ADDRESS Hartville, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10-48

RECEIVED JUN 17 1950
WRIGHT CO. HEALTH DEPT.
County File Number 650-83
Date Filed 6-17-50

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
Student Embalmer

Signed Gene E. Aldren

Licensed Embalmer No. 3865

P. O. Address Hartsville, 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.