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

FILED AUG 14 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 23995

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 5715 Registrar's No. 47

1. PLACE OF DEATH
a. COUNTY McDonald
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) JANE, MO.
c. LENGTH OF STAY (in this place) 10 DA
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) NONE

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY NEY
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) BRANSON 1060
d. STREET ADDRESS (If rural, give location) /

3. NAME OF DECEASED (Type or Print) a. (First) Abie b. (Middle) Iona c. (Last) O'Brien

4. DATE OF DEATH (Month) (Day) (Year) 7-25-50

5. SEX F

6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) M

8. DATE OF BIRTH 1-25-1877

9. AGE (In years last birthday) 73 — IF UNDER 1 YEAR Months 6 Days 0 — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife

10b. KIND OF BUSINESS OR INDUSTRY Same

11. BIRTHPLACE (State or foreign country) Scotland, Mo.

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME John K. Copeland

13b. MOTHER'S MAIDEN NAME Unknown

14. NAME OF HUSBAND OR WIFE Wm O'Brien

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ✓

16. SOCIAL SECURITY NO. —

17. INFORMANT'S SIGNATURE OR NAME John J. O'Brien 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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage — INTERVAL BETWEEN ONSET AND DEATH 7 hr.

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. 331X

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION

20. AUTOPSY? YES ☐ NO ☐

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) m.

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 7/25, 1950, *to* 7/25, 1950, *that I last saw the deceased alive on* 7/25, 1950, *and that death occurred at* 3:55 p m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title) Sw Burial Co.

23b. ADDRESS Pineville - Mo

23c. DATE SIGNED 8/4/50

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE 7-27-50

24c. NAME OF CEMETERY OR CREMATORY Jane Cem

24d. LOCATION (City, town, or county) (State) JANE MO

DATE REC'D BY LOCAL REG. 8-4-50

REGISTRAR'S SIGNATURE Mayme Humphrey 423

25. FUNERAL DIRECTOR'S SIGNATURE R. M. Humphrey ADDRESS Pineville Mo

(Licensed Embalmer's Statement on Reverse Side)

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield
RECEIVED AUG 7 1950
Dat File 850-946
Date Filed 8-7-50

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 Mayme E. Humphrey

Licensed Embalmer No. 42662

P. O. Address Pineville, 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.