S. No. 300
. 10.48

FILED OCT 6 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 29399

BIRTH NO. _____ REG. DIST. NO. 38 PRIMARY REG. DIST. NO. 3006 Registrar's No. 243

0101

1. PLACE OF DEATH
a. COUNTY: Boone
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia
c. LENGTH OF STAY (in this place): 6 Years
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 609 W. Ash St.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Boone
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Columbia 0104
d. STREET ADDRESS (If rural, give location): 609 W. Ash St. 0

3. NAME OF DECEASED (Type or Print): a. (First) CORA b. (Middle) LEE c. (Last) COPELAND

4. DATE OF DEATH (Month) (Day) (Year): Sept. 24, 1950

5. SEX: Female
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: Jan. 2, 1880
9. AGE (In years last birthday): 70 — IF UNDER 1 YEAR: Months 8, Days 22 — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): At Home
10b. KIND OF BUSINESS OR INDUSTRY: ——
11. BIRTHPLACE (State or foreign country): Maries County, Missouri 0
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Harris Wakefield
13b. MOTHER'S MAIDEN NAME: Sarah (unknown)
14. NAME OF HUSBAND OR WIFE: David A. Copeland

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: Raymond H. Copeland, Columbia, Mo. 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) Myocarditis Chronic — INTERVAL BETWEEN ONSET AND DEATH: 1 year

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Gangrene of arm & hand — 1 week
DUE TO (c) Arteriosclerosis — Unknown

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. Cerebral apoplexy — 3 yrs

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) 4221

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* May, 1947, *to* 9-24, 1950, *that I last saw the deceased alive on* 9-24, 1950, *and that death occurred at* 10:30 *m., from the causes and on the date stated above.*

23a. SIGNATURE: Frank E. Depheimer (Degree or title) M.D.
23b. ADDRESS: Columbia Mo
23c. DATE SIGNED: 9-25-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Sept. 26, 1950
24c. NAME OF CEMETERY OR CREMATORY: Vienna Cemetery
24d. LOCATION (City, town, or county) (State): Vienna, Missouri.

DATE REC'D BY LOCAL REG.: Sept. 25 1950
REGISTRAR'S SIGNATURE: Mrs R E Palmer
25. FUNERAL DIRECTOR'S SIGNATURE: Parker Funeral Service, Columbia Mo. ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 19 5 5
DISTRICT HEALTH OFFICE No. 3
District File Number.....
Date Filed 10/5/55

OCT 6 1950

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.....

working under my personal supervision.

Student Embalmer No.....

Signed Chas L Barnes

Signed.....
Student Embalmer

Licensed Embalmer No. 4132

P. O. Address Columbia, T

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.