

FILED OCT 16 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31225

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 253 PRIMARY REG. DIST. NO. 5875 Registrar's No. 21

1. PLACE OF DEATH a. COUNTY <u>Oregon</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Oregon</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomasville (more)</u>		c. LENGTH OF STAY (in this place) <u>6 Months</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Thomasville</u>		d. STREET ADDRESS (If rural, give location)
d. FULL NAME OF HOSPITAL OR INSTITUTION					

3. NAME OF DECEASED (Type or Print) <u>WILLIS</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 13, 1950</u>			
a. (First)	b. (Middle)		c. (Last)			
<u>WILLIS</u>	<u>COPENHAGEN</u>		<u>COPENHAGEN</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>August 16, 1864</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>11</u>	11. DAYS <u>27</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>August Copenhagen</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE <u>Violet Copenhagen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <u>Lellous Copenhagen</u>	
				ADDRESS <u>Thayer, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Heart Disease</u>		Antecedent Causes <u>Arteriosclerosis</u>				
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		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.						<u>11-20-1</u>
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) (Min)		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 Jan 1, 1950, to Aug 13, 1950, that I last saw the deceased alive on Aug 13, 1950, and that death occurred at 7:45 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>W. W. Cooper M.D.</u>		23b. ADDRESS <u>Thayer, Mo.</u>		23c. DATE SIGNED <u>9-19-50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Aug. 15, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Copenhagen Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Thayer, Rt. Mo.</u>	

DATE REC'D BY LOCAL REG. <u>Oct 7-50</u>		REGISTRAR'S SIGNATURE <u>M. W. Johnson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Glenn Carter</u>	
				ADDRESS <u>Thayer, Mo.</u>	

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

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.....

Richard Carter

Signed.....
Student Embalmer

Licensed Embalmer No. *4516*

P. O. Address *Hayes, 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.