

FILED NOV 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34110

BIRTH NO. _____ REG. DIST. NO. 207 PRIMARY REG. DIST. NO. 5758 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY MARIES				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY MARIES					
b. CITY (If outside corporate limits, write RURAL and give township) Dixon Rural Miller Twp		c. LENGTH OF STAY (in this place) 9 yrs		c. CITY (If outside corporate limits, write RURAL and give township) Dixon R3 Miller Twp		d. STREET ADDRESS (If rural, give location) 063			
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS					
3. NAME OF DECEASED (Type or Print) a. (First) ORVILLE			b. (Middle) FLOYD		c. (Last) COPELAND		4. DATE OF DEATH (Month) (Day) (Year) October 29, 1950		
5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED		8. DATE OF BIRTH August 28, 1907		9. AGE (In years last birthday) 43 IF UNDER 1 YEAR Months 2 Days 1 IF UNDER 6 HRS. Hours 1 Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMING			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Missouri			12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME William H. Copeland			13b. MOTHER'S MAIDEN NAME Rosa Pendleton			14. NAME OF HUSBAND OR WIFE Edith Copeland			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No			16. SOCIAL SECURITY NO. 499-05-2016		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Edith Copeland Dixon R3, Mo.				
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, asphyxia, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary thrombosis				INTERVAL BETWEEN ONSET AND DEATH ?	
				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.				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 4:30 p.m. , from the causes and on the date stated above.									
23. SIGNATURE (Degree or title) M. O. Cunningham				23b. ADDRESS Vienna, Mo.			23c. DATE SIGNED Oct 31, 1950		
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 10/31/50		24c. NAME OF CEMETERY OR CREMATORY Wheeler Cemetery		24d. LOCATION (City, town, or county) (State) Maries County Mo.			
DATE REC'D BY LOCAL REG. 11-8-50		REGISTRAR'S SIGNATURE Pauline Howard		198 188		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Walter P. Hedge, Vienna, Mo.			

(Licensed Embalmer's Statement on Reverse Side)

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

40.300
10.4830
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File No. _____
DISTRICT HEALTH OFFICE No. 4

NOV 14 1950

RECEIVED

NOV 22 1950

NOV 27 1950
ISSUED 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

Walter P. Neugebauer

Signed
Student Embalmer

Licensed Embalmer No. *4265*

P. O. Address *Meriden, 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.