

FILED DEC 12 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 26828
Registrar's No. 36

BIRTH NO. _____ REG. DIST. NO. 137 PRIMARY REG. DIST. NO. 3023

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. - If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Henry</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Clinton</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bethlehem</u>	
c. LENGTH OF STAY (In this place) <u>6 days</u>		d. STREET ADDRESS (If rural, give location) <u>5 miles N. E. of Brownington</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Drula</u>		b. (Middle) <u>---</u>		c. (Last) <u>Copenhaver</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 2 1950</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>Oct. 28 1891</u>	
9. AGE (In years last birthday) <u>59</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Smith Bend, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY <u>home</u>		11. BIRTHPLACE		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>Samuel Cox</u>		13b. MOTHER'S MAIDEN NAME <u>Kezia Ashinhurst</u>		14. NAME OF HUSBAND OR WIFE <u>Rufus M. Copenhaver,</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Rufus M. Copenhaver, Brownington, Mo/.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH	
		b. ANTECEDENT CAUSES <u>Hypertension</u>			
		c. MORBID CONDITIONS, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Atherosclerosis (cerebral)</u>			
		II. OTHER SIGNIFICANT CONDITIONS <u>3 3 1X</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)		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 Nov 27, 1950, to Dec. 2, 1950, that I last saw the deceased alive on Dec. 2, 1950, and that death occurred at 10:55 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Florence Adams</u>		23b. ADDRESS <u>422 Clinton, Mo.</u>		23c. DATE SIGNED <u>11/3/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Dec. 4 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iconium Cemetery</u>	
				24d. LOCATION (City, town, or county) (State) <u>Iconium, Missouri</u>	

DATE REC'D BY LOCAL REG. <u>Dec-4-50</u>		REGISTRAR'S SIGNATURE <u>Florence Adams</u>		5. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Clinton, Mo</u>	
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WRITE PLAINLY—USING UNFAADING BLACK INK—MAKE A PERMANENT RECORD

DEC 30 1987

RECEIVED 12/11/87

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12/11/87

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 *[Signature]*
Licensed Embalmer No. 4510

P. O. Address *Clinton, 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.