

FILED JAN 30 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 600

Dr. Ossman

BIRTH NO.		REG. DIST. NO. 77		PRIMARY REG. DIST. NO. 3016		Registrar's No. 17			
1. PLACE OF DEATH a. COUNTY Cole				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri				b. COUNTY Cole	
b. CITY OR TOWN Jefferson City		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY OR TOWN Jefferson City		0214			
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Mary's Hospital				d. STREET ADDRESS (If rural, give location) 504 Broadway Street					
3. NAME OF DECEASED (Type or Print) a. (First) LaVerne			b. (Middle) Cynthia Ellen Copeland			c. (Last)			
4. DATE OF DEATH (Month) (Day) (Year) Jan-21-1951									
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married		8. DATE OF BIRTH March-21-1915		9. AGE (In years last birthday) 35	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY Home		11. BIRTHPLACE (State or foreign country) McGirk, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.A.			
13a. FATHER'S NAME Robert Hackney			13b. MOTHER'S MAIDEN NAME Nora Cook			14. NAME OF HUSBAND OR WIFE Lawrence Copeland			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. 490-09-8415		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Lawrence Copeland, Jefferson City, 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, asthma, etc. It means the disease, injury, or complication which caused death.		<b>MEDICAL CERTIFICATION</b> I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Pulmonary Embolism ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Post operative 8 days from Gall Bladder DUE TO (c) Appended Surgery II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						INTERVAL BETWEEN ONSET AND DEATH 5500	
19a. DATE OF OPERATION 1-17-51		19b. MAJOR FINDINGS OF OPERATION Cholecystectomy & appendectomy						20. AUTOPSY? YES <input checked="" 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) m.		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 12-30, 1950 to 1-21, 1951, that I last saw the deceased alive on 1-21, 1951, and that death occurred at 6:15 P. M., from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) R. Ossman M.D.				23b. ADDRESS Jefferson City, Mo			23c. DATE SIGNED 1/22/51		
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Jan-25-51		24c. NAME OF CEMETERY OR CREMATORY Riverview Cemetery		24d. LOCATION (City, town, or county) Jefferson City, Missouri		(State)	
DATE REC'D BY LOCAL REG. Jan 24 - 1951		REGISTRAR'S SIGNATURE R.P. Harris M.D.		FUNERAL DIRECTOR'S SIGNATURE W.C. Thompson		ADDRESS Jefferson City, Mo			

(Licensed Embalmers' Statement on Reverse Side)

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

No. 300  
10-48264  
0

RECEIVED 1-29-51

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed 1-29-51

FEB 16 1958

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 \_\_\_\_\_

*Handwritten signature of Daniel S. [unclear]*

Signed \_\_\_\_\_  
Student Embalmer

Licensed Embalmer No. \_\_\_\_\_

1623

P. O. Address \_\_\_\_\_

*Handwritten address*

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.