

FILED MAY 21 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16381

BIRTH NO. _____ REG. DIST. NO. 145 PRIMARY REG. DIST. NO. 5511 Registrar's No. 32

1. PLACE OF DEATH a. COUNTY Iron		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Iron	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kaolin		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural, Kaolin	
c. LENGTH OF STAY (in this place) life		0470	
d. FULL NAME OF HOSPITAL OR INSTITUTION ll mi. west of Belleview		d. STREET ADDRESS (If rural, give location) ll miles west of Belleview	

3. NAME OF DECEASED (Type or Print) a. (First) DORA b. (Middle) COPELAND c. (Last) COPELAND			4. DATE OF DEATH (Month) (Day) (Year) May 9 1951			
5. SEX fem	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	8. DATE OF BIRTH April 13 1880	9. AGE (In years last birthday) 71	IF UNDER 1 YEAR Months 0 Days 28	IF UNDER 24 HRS Hours Mins
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) at home		10b. KIND OF BUSINESS OR INDUSTRY own home	11. BIRTHPLACE (State or foreign country) Reynolds Co. Mo.		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME James Lewis	13b. MOTHER'S MAIDEN NAME Martha Dunn	14. NAME OF HUSBAND OR WIFE John Copeland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) no	17. INFORMANT'S SIGNATURE OR NAME Dan Smith, Banner Missouri	ADDRESS
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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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 5 days 8 weeks
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Virus Pneumonia</i>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>Virus infection of upper respiratory tract</i> DUE TO (c)		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from May 5, 1951, to May 9, 1951, that I last saw the deceased alive on May 6, 1951, and that death occurred at 7:15A m., from the causes and on the date stated above.

23a. SIGNATURE <i>L. M. Stanfield</i> (Degree or title)	23b. ADDRESS <i>Sturvington mo</i>	23c. DATE SIGNED <u>5/11/51</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>5-11-51</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Asher Cemetery.</u>	24d. LOCATION (City, town, or county) (State) <u>Goodland Missouri</u>
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DATE REC'D BY LOCAL REG. <u>May 15 - 1951</u>	REGISTRAR'S SIGNATURE <i>Mrs. Elizabeth Logan</i>	25. FUNERAL DIRECTOR'S SIGNATURE <u>129</u> ADDRESS <u>White Funeral Home, Ironton Mo.</u>
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Uncl. H. H. H. H.

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

470

RECEIVED

MAY 18 1951

DISTRICT HEALTH OFFICE No. 6

No.

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 Archie White.....

Licensed Embalmer No. 3012.....

P. O. Address Clinton Hill.....

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.