

FILED OCT 25 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34408

BIRTH NO. _____ REG. DIST. NO. 224 PRIMARY REG. DIST. NO. 4235 Registrar's No. 68

1. PLACE OF DEATH a. CITY Moniteau Co.		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Moniteau	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Rt # 1. Clarksburg, Mo		d. STREET ADDRESS (If rural, give location) Rt #1. Clarksburg, Mo	

3. NAME OF DECEASED (Type or Print) Cynthia	a. (First)	b. (Middle) Adline	c. (Last) Copas	4. DATE OF DEATH Oct 9 1951
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 24, 1868	9. AGE (In years last birthday) 83	IF UNDER 1 YEAR Months 5	IF UNDER 1 YEAR Days 15	IF UNDER 1 YEAR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House Wife	10b. KIND OF BUSINESS OR INDUSTRY Own Home	11. BIRTHPLACE (State or foreign country) Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Bowlin	13b. MOTHER'S MAIDEN NAME Sarah Ann Allee	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	(If yes, give war or dates of service)	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME James F. Boyd	ADDRESS Clarksburg Mo
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 6 months
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic myocarditis		
	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) m.	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 Aug 15 1950, to Oct 9 1951, that I last saw the deceased alive on Oct 7, 1951, and that death occurred at 3/30P m., from the causes and on the date stated above.

23a. SIGNATURE Henry Nathan M.D.	(Degree or title)	23b. ADDRESS California, MO.	23c. DATE SIGNED 10-10-51
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 10/11/51	24c. NAME OF CEMETERY OR CREMATORY Allee Cometary	24d. LOCATION (City, town, or county) (State) Clarksburg, Rural. Mo.
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DATE REC'D BY LOCAL REG. 11-11-51	REGISTRAR'S SIGNATURE H.R. Poppey L.R. 702	25. FUNERAL DIRECTOR'S SIGNATURE EARL BOULIN	ADDRESS California
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1680

0680

4221

270

RECEIVED OCT 24 1951

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed OCT 24 1951

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.....
Student Embalmer

Signed Earl R. Bonkin

Licensed Embalmer No. 2126

P. O. Address California

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.