No. 300
10.48

FILED MAR 18 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7213

State File No.

BIRTH NO. REG. DIST. NO. 2 PRIMARY REG. DIST. NO. 4009 Registrar's No. 26

1. PLACE OF DEATH
a. COUNTY Andrew
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SAVANNAH
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location)

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI b. COUNTY Andrew
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) SAVANNAH 0020
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print) a. (First) NANCY b. (Middle) EMELINE c. (Last) McCOPPIN

4. DATE OF DEATH (Month) (Day) (Year) 3-12-1952

5. SEX F 6. COLOR OR RACE W 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) W 8. DATE OF BIRTH SEPT. 1-1865 9. AGE (In years last birthday) 86 IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home
10b. KIND OF BUSINESS OR INDUSTRY
11. BIRTHPLACE (State or foreign country) NODAWAY, Co., Mo.
12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME THOMAS DOUGAN
13b. MOTHER'S MAIDEN NAME NANCY HOLSTEDDLER
14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Holdye Powell, Savannah Mo.

MEDICAL CERTIFICATION

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, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Terminal Hypostatic Bronchial Pneumonia — INTERVAL BETWEEN ONSET AND DEATH 4 days.

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Carcinoma, Left breast c metastasis — 5 yrs.
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death Gen. Arterio sclerosis.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 1991
20. AUTOPSY? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 12-29, 1949, *to* 3-10, 1952, *that I last saw the deceased alive on* 3-10, 1952, *and that death occurred at* 2:05 P.M. *from the causes and on the date stated above.*

23a. SIGNATURE Gilbert B. Kelly (Degree or Title) M.D.
23b. ADDRESS Savannah, Mo.
23c. DATE SIGNED 3-14-52

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 3-14-1952
24c. NAME OF CEMETERY OR CREMATORY SAVANNAH
24d. LOCATION (City, town, or county) (State) SAVANNAH MO

DATE REC'D BY LOCAL REG. 3-15-52
REGISTRAR'S SIGNATURE Lillian Sparks
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Breit Funeral Home SAVANNAH MO

(Licensed Embalmer's Statement on Reverse Side)

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

0020 1

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 E. C. Breit

Licensed Embalmer No. 2650

P. O. Address Sacramento 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.