

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **8221**

FILED MAR 23 1952

BIRTH NO. **7094** REG. DIST. NO. **145** PRIMARY REG. DIST. NO. **5566** Registrar's No. **41**

3470  
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <b>Iron</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Iron</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brick Mo. Gen Del</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Brick, Mo Gen. Delivery</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0470</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Donna</b>		b. (Middle) <b>Gean</b>		c. (Last) <b>Copland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>3 16 52</b>			
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Baby</b>		8. DATE OF BIRTH <b>3/17/52</b>		9. AGE (In years last birthday) <b>0</b>	IF UNDER 1 YEAR Days <b>29</b>	IF UNDER 24 HRS. Hours <b>16</b>	IF UNDER 60 MIN. Min. <b>52</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <b>Brick, Mo Gen Delivery</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>		

13a. FATHER'S NAME <b>Collen Copland</b>		13b. MOTHER'S MAIDEN NAME <b>Edna Hedgcoth</b>		14. NAME OF HUSBAND OR WIFE <b>Baby</b>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>None</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Collen Copland</b>		ADDRESS <b>Buick Mo.</b>	
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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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Smothered to Death</b>				INTERVAL BETWEEN ONSET AND DEATH	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>To Much Bed Clothing.</b>					
		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 <b>E9240-18</b>				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)		
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 \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_, that I last saw the deceased alive on \_\_\_\_\_, 19\_\_\_\_, and that death occurred at **2 A m.**, from the causes and on the date stated above.

23a. SIGNATURE <b>E.A. Howell</b>		(Degree or title) <b>Coroner</b>		23b. ADDRESS <b>Ironton, Mo 226 No. Main</b>		23c. DATE SIGNED <b>3/17/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>3/17/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Stricklin Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Brick Mo</b>	
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DATE REC'D BY LOCAL REG. <b>March 18 - 1952</b>		REGISTRAR'S SIGNATURE <b>Mrs. Edith Logan</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Howell Funeral Home Ironton Mo</b>		ADDRESS	
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**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.....

Licensed Embalmer No.....

P. O. 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.