

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

11679

State File No. ....

REC'D APR 11 1952

BIRTH NO. .... REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Scott</u>	
b. CITY OR TOWN <u>Sikeston</u>		c. CITY OR TOWN <u>Sikeston</u>	
c. LENGTH OF STAY (in this place) <u>6 Years</u>		d. STREET ADDRESS (If rural, give location) <u>530 East Gladys</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Residence, 530 E. Gladys</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>Sparks</u> b. (Middle) <u>Alonzo</u> c. (Last) <u>Copeland</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>March, 30, 1952</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>October, 2, 1885</u>	9. AGE (In years last birthday) <u>66</u>	IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 24 HRS. Hours <u>0</u> Min. <u>0</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Goodyear Tire Co.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Goodyear Tire Co.</u>	11. BIRTHPLACE (State or foreign country) <u>Blount County, Alabama</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>Milam Copeland</u>	13b. MOTHER'S MAIDEN NAME <u>Arminda McPherson</u>	14. NAME OF HUSBAND OR WIFE <u>Appie Copeland</u>
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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) <u>No</u>	16. SOCIAL SECURITY NO. <u>498-36-5493</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Appie Copeland, Sikeston, Mo.</u>	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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u>  ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. <u>Hypertension</u> DUE TO (b) <u>7 1/2</u> DUE TO (c) <u>6-1</u>  II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>—</u>		INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u>
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>—</u>	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 Mch 22, 1952, to Mch 30, 1952, that I last saw the deceased alive on Mch 30, 1919 as that death occurred at 1:45P m., from the causes and on the date stated above.

23a. SIGNATURE <u>C. C. Presnell M.D.</u> (Degree or title)	23b. ADDRESS <u>Charleston Mo</u>	23c. DATE SIGNED <u>4-1-1952</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>4/1/52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>I.O.O.F. Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Charleston, Mo.</u>
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DATE REC'D BY LOCAL REG. <u>4-3-52</u>	REGISTRAR'S SIGNATURE <u>Mrs. Ella Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>—</u> ADDRESS <u>The Nunnelee Funeral Chapel, Charleston, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

3

0.300  
0.48

RECEIVED APR 7 19  
SCOTT COUNTY HEALTH CEN  
CO. FILE NO. 452-98

**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

*John T. Munnelle Jr*  
.....  
Licensed Embalmer No. 3851

P. O. Address Charleston, W

**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.