

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **15929**

FILED MAY 23 1952

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **77** PRIMARY REG. DIST. NO. **3016** Registrar's No. **115**

1. PLACE OF DEATH a. COUNTY <b>Cole, County</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Macon</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>Jefferson City, Mo.</b>		c. CITY (If outside corporate limits, write RURAL and give township) <b>Vienna</b>	
c. LENGTH OF STAY (in this place) <b>14 days</b>		OR TOWN <b>0630</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Charles E. Stillwater, Hosp</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. #1</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>Oscar</b> b. (Middle) <b>Davenport</b> c. (Last) <b>Copeland</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 19 52</b>		
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5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>married</b>		8. DATE OF BIRTH <b>Jan. 6, 1886</b>		9. AGE (In years last birthday) Months Days <b>65 11 13</b>		IF UNDER 18 HRS. Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>		11. BIRTHPLACE (State or foreign country) <b>Vienna, Mo.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>	
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13a. FATHER'S NAME <b>John Richard Copeland</b>		13b. MOTHER'S MAIDEN NAME <b>Virginia Allen Bishop</b>		14. NAME OF HUSBAND OR WIFE <b>Armenth Davenport</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>yes W.W. I</b>		16. SOCIAL SECURITY NO. <b>none</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Oscar Clergy Copeland, Vienna, Mo.</b>		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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial failure</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>uremia</b> DUE TO (c) <b>Prostatic hypertrophy</b>					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					

19a. DATE OF OPERATION <b>5/8/52</b>		19b. MAJOR FINDINGS OF OPERATION <b>Prostatic hypertrophy 610 X</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)	
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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 **5/5**, 19**52**, to **5/19**, 19**52**, that I last saw the deceased alive on **5/19**, 19**52**, and that death occurred at **2:22 Am.**, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <b>R. C. Michael D.O.</b>		23b. ADDRESS <b>Jefferson City, Mo.</b>		23c. DATE SIGNED <b>5/19/52</b>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>5/21/52</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Vienna Cemetery, Vienna, Mo.</b>		24d. LOCATION (City, town, or county) (State) <b>Vienna, Mo.</b>	
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DATE REC'D BY LOCAL REG. <b>May 19-1952</b>		REGISTRAR'S SIGNATURE <b>R. P. Davis MD - DR</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>W. C. Birmingham</b>		ADDRESS <b>Vienna, Mo.</b>	
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(Licensed Embalmer's Statement on Reverse Side)

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

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JUN 4 1957

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 *Thos B. Cunningham*

Licensed Embalmer No. 3064

P. O. Address Cuning 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.