

FILED MAY 31 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 15998

BIRTH NO. _____		REG. DIST. NO. 107		PRIMARY REG. DIST. NO. 3019		Registrar's No. 59			
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>					
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		c. LENGTH OF STAY (In this place) <u>40 yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kennett</u>		d. STREET ADDRESS (If rural, give location) <u>604 Wayne St</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>604 Wayne Residence</u>									
3. NAME OF DECEASED (Type or Print) a. (First) <u>Colver</u> b. (Middle) <u>Jasper</u> c. (Last) <u>Cope</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 5 1952</u>						
5. SEX <u>M</u>		6. COLOR OR RACE <u>AM. white</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>January 3 1887</u>			
9. AGE (In years last birthday) <u>65</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Druggist</u>		11. BIRTHPLACE (State or foreign country) <u>Fairdealng Mo</u>			
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Rymard Cope</u>		13b. MOTHER'S MAIDEN NAME <u>Martha E Swamer</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. Verla Cope</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. (If yes, give war or date of service) <u>715-10-3090</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Verla Cope Kennett Mo</u>					
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.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic myocarditis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Osteoarthritis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>8 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>7230</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) (Min)		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 <u>March 19 46</u> , 19 <u>46</u> , to <u>May 5</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>May 5</u> , 19 <u>52</u> , and that death occurred at <u>1030 p.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Joseph P. Sullivan, MD</u>				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>5/8/52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>May 7-1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett Mo</u>			
DATE REC'D BY LOCAL REG. <u>5-12-52</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>T. ...</u>		ADDRESS <u>Kennett Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

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RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 5-12-52

COUNTY FILE NUMBER 552-119

AUG 25 1952

**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 Arnold A. Moon

Licensed Embalmer No. 4636

P. O. Address Hamlet, 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.