

STANDARD CERTIFICATE OF DEATH

10-48

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

BIRTH NO. _____ REG. DIST. NO. 120 PRIMARY REG. DIST. NO. 4198 Registrar's No. 44

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| 1. PLACE OF DEATH a. COUNTY <u>Gentry</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>Gentry</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>King City Mo.</u> | | c. CITY (If outside corporate limits, write RURAL and give township) <u>King City Mo.</u> | |
| c. LENGTH OF STAY (in this place) <u>All life</u> | | d. STREET ADDRESS (If rural, give location) <u>0</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>home</u> | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Bertha</u> b. (Middle) <u>Blanche</u> c. (Last) <u>Copeland</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>5.22.1952</u> | |
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>white</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Albert R. Copeland 62 5 1</u> |
| 9. AGE (In years last birthday) Months Days Hours Min. | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>housework</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Same</u> |
| 11. BIRTHPLACE (State or foreign country) <u>Gentry Co. Mo.</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
| 13a. FATHER'S NAME <u>Daniel Conway</u> | | 13b. MOTHER'S MAIDEN NAME <u>Unknown.</u> | |
| 14. NAME OF HUSBAND OR WIFE <u>Albert R. Copeland.</u> | | | |
| 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>495-26-3451</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Albert R. Copeland.</u> | | ADDRESS <u>King City 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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a), stating the underlying cause last. DUE TO (b) <u>Arterio Coronary Sclerosis</u> <u>2 1/2 yrs</u> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Arterio Sclerosis</u> | |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</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) | 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>19</u> to <u>5.22.1952</u> , that I last saw the deceased alive on <u>19</u> , and that death occurred at <u>12 Noon</u> from the causes and on the date stated above. | | | |
| 23a. SIGNATURE <u>Dr. Blacklock M.D.</u> (Degree or title) | | 23b. ADDRESS <u>King City Mo.</u> | 23c. DATE SIGNED <u>5.24.52.</u> |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>5.24.1952</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>King City Mo.</u> | 24d. LOCATION (City, town, or county) (State) <u>King City Mo.</u> |
| DATE REC'D BY LOCAL REG. <u>May 28 52</u> | REGISTRAR'S SIGNATURE <u>Maudie Williams</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>R.A. Taggart</u> | ADDRESS <u>King City Mo.</u> |

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.....

.....
working under my personal supervision.

Student Embalmer No.....

Signed.....

R. G. Taggart

Signed.....
Student Embalmer

Licensed Embalmer No. 2563

P. O. Address King City 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.