

FILED AUG 25 1952

STANDARD CERTIFICATE OF DEATH

27638

State File No.

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

0352

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>5427</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>DUNKLIN</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MO</u> b. COUNTY <u>DUNKLIN</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT</u>		c. LENGTH OF STAY (In this place) <u>1/25</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KENNETT Ind. Twp.</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Res. of Son - Roy Copps</u>				d. STREET ADDRESS (If rural, give location) <u>RT # 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>W.</u> c. (Last) <u>COPPS</u>			4. DATE OF DEATH (Month) <u>7</u> (Day) <u>23</u> (Year) <u>52</u>				
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>8-24-72</u>	9. AGE (In years last birthday) <u>80</u>	10. MONTHS <u>7</u>	11. DAYS <u>23</u>	12. HOURS <u>52</u>
10a. USUAL OCCUPATION (Give kind of work from start of present working life, even if retired) <u>Retired Pharm.</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>West Plains, MO</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Unknown</u>		13b. MOTHER'S MAIDEN NAME <u>Unknown</u>		14. NAME OF HUSBAND OR WIFE			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Roy Copps</u> ADDRESS <u>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, 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 Arteriosclerosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Coronary Sclerosis</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>10 days</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		4201		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>July 13, 1952</u> to <u>July 23, 1952</u> , that I last saw the deceased alive on <u>July 23, 1952</u> , and that death occurred at <u>6:30 am.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Scott P. Dorman, M.D.</u> (Degree or title)				23b. ADDRESS <u>Kennett Mo</u>		23c. DATE SIGNED <u>7/28/52</u>	
24a. BURIAL, CREMATION, OR REMOVAL (Specify)		24b. DATE <u>7/25/52</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Shangas Home</u>		24d. LOCATION (City, town, or county) (State) <u>Alicia, Ark</u>	
DATE REC'D BY LOCAL REG. <u>8-1-52</u>		REGISTRAR'S SIGNATURE <u>Carl Hubbard</u>		190		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ernest Funeral Home, Kennett</u> ADDRESS	

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 8-1-52

COUNTY FILE NUMBER 852,203

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 Jesse B. Gregg

Signed.....
Student Embalmer

Licensed Embalmer No. 5220

P. O. Address Jonesboro, Ark

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.