

No. 300
0.48

30
1

STANDARD CERTIFICATE OF DEATH

State File No. **42822**

JAN 6 - 1953

BIRTH NO. _____ REG. DIST. NO. **207** PRIMARY REG. DIST. NO. **5755** Registrar's No. **55**

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE Missouri b. COUNTY Maries	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Jackson Twp. 0630	
d. FULL NAME OF HOSPITAL OR INSTITUTION His Home		d. STREET ADDRESS (If rural, give location) Vienna, Mo.	

3. NAME OF DECEASED (Type or Print) Raymond H. Copeland			4. DATE OF DEATH Dec. 30, 1952.		
a. (First)	b. (Middle)		c. (Last)		

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH Jan. 5, 1929.	9. AGE (In years last birthday) 23 Months 11 Days 25		10. IF UNDER 1 YEAR: Hours Mins. 	
--------------------	-------------------------------	---	---------------------------------------	---	--	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and State or Foreign Country) Maries County, Missouri	12. CITIZEN OF WHAT COUNTRY? U.S.A.
---	--	---	--

13a. FATHER'S NAME Julius Copeland	13b. MOTHER'S MAIDEN NAME Oma Frey	14. NAME OF HUSBAND OR WIFE Lorraine Copeland, Vienna
---	---	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) X	16. SOCIAL SECURITY NO. X	17. INFORMANT'S SIGNATURE OR NAME Julius Copeland ADDRESS Vienna
---	----------------------------------	--

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		INTERVAL BETWEEN ONSET AND DEATH ?
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Schilders' Disease		
	ANTECEDENT CAUSES Morbid conditions, (if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? X 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 **July 30, 1952**, to **12/27, 1952**, that I last saw the deceased alive on **12/27, 1952**, and that death occurred at **8:10 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE L. C. Howard (Name or title)	23b. ADDRESS Vienna, Missouri	23c. DATE SIGNED 1/2/53
--	--------------------------------------	--------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE Jan. 1, 1953	24c. NAME OF CEMETERY OR CREMATORY Vienna Cemetery	24d. LOCATION (City, town, or county) (State) Vienna, Mo.
---	-------------------------------	---	--

DATE REC'D BY LOCAL REG. 1-3-53	REGISTRAR'S SIGNATURE Pauline Howard	HEALTH DEPARTMENT DIRECTOR'S SIGNATURE M. C. Cunningham ADDRESS Vienna, Mo.
--	---	---

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 29 1963

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 *M. B. Cunningham*

Licensed Embalmer No. 3664

P. O. Address. Virginia, 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.