

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 2187  
Registrar's No. 2

FILED JAN 21 1953

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5751

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST. MICHAELS</u>		c. LENGTH OF STAY (in this place) <u>6 YRS.</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST. MICHAELS TOWNSHIP</u>		d. STREET ADDRESS (If rural, give location) <u>6 mi. N.E. of FREDERICKTOWN</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>6 mi. N.E. of FREDERICKTOWN</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>FREDERICK</u> b. (Middle) <u>PETER</u> c. (Last) <u>COPHER</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN. 11, 1953</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>DEC. 26, 1881</u>	9. AGE (In years last birthday) <u>72</u>	10. MONTHS <u>0</u> DAYS <u>15</u> HOURS <u></u> MIN. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>MINER</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>LEAD MINES</u>		11. BIRTHPLACE (State or foreign country) <u>ILLINOIS</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>WILLIAM COPHER</u>		13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. FRED COPHER</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>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>MRS. FRED COPHER - R# 2</u> ADDRESS <u>FREDERICKTOWN, 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, asphyxia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral hemorrhage</u>		INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u>		
	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 <u>331x</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) m.		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 6-5, 1950, to 1-10, 1953, that I last saw the deceased alive on 1-10, 1953, and that death occurred at 4:55 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>George W. Johnson</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Fredericktown, Mo</u>		23c. DATE SIGNED <u>1/14/53</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JAN. 14, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARK VIEW CEMETERY</u>	
24d. LOCATION (City, town, or county) (State) <u>ST. FRANCIS, CO. MO.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>ADAMSON WEBB</u> ADDRESS <u>St. Francis, Mo. - FREDERICKTOWN, MO.</u>			
DATE REC'D BY LOCAL OFF. <u>1-14-1953</u>		REGISTRAR'S SIGNATURE <u>Harold Hicks</u> 187			

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

MADISON COUNTY, N.Y. DEPT.  
FREDERICK TOWN, N.Y.

RECEIVED  
JAN 19 1956  
RECEIVED

FILE No. 143-3

**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 Raymond Wilson

Licensed Embalmer No. 4884

P. O. Address Fredericktown, Md.

**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.