.S. No. 300
EV. 10.48

FILED JAN 28 1953

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

2973

State File No. .....

BIRTH NO. _____ REG. DIST. NO. 318 PRIMARY REG. DIST. NO. 1003 Registrar's No. 0094

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

1. PLACE OF DEATH
a. COUNTY
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Louis, Missouri
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Marion Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Crawford
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Cuba 0280
d. STREET ADDRESS (If rural, give location): Star Route 1

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): E.
c. (Last): Coppedge

4. DATE OF DEATH (Month) (Day) (Year): Jan 3, 1953

5. SEX: Male 0
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed 2
8. DATE OF BIRTH: Sept 17, 1870
9. AGE (In years last birthday): 82 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Farmer
10b. KIND OF BUSINESS OR INDUSTRY: Farming
11. BIRTHPLACE (State or foreign country): Salem, Missouri 0
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: James B. Coppedge
13b. MOTHER'S MAIDEN NAME: Saphrona Frank
14. NAME OF HUSBAND OR WIFE: Hannie Coppedge

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): Nil
16. SOCIAL SECURITY NO.: None
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: James L. Coppedge, 1234 Wentworth

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): Mitral insufficiency — INTERVAL BETWEEN ONSET AND DEATH: yes

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): chr arthritis — yes
DUE TO (c): old age

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? YES ☐ NO ☐

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? 7220

22. *I hereby certify that I attended the deceased from* Jan 1, 1953, *to* Jan 3, 1953, *that I last saw the deceased alive on* Jan 2, 1953 *and that death occurred at* 11:25 A m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): J. S. Lyne M.D.
23b. ADDRESS: 2752 Cherokee
23c. DATE SIGNED: 1-3-53

24a. BURIAL, CREMATION, REMOVAL (Specify): Removal
24b. DATE: 1-3-53
24c. NAME OF CEMETERY OR CREMATORY: City
24d. LOCATION (City, town, or county) (State): Salem, Missouri.

DATE REC'D BY LOCAL REG.: JAN 5 1953
REGISTRAR'S SIGNATURE: J. Carl Smith M.D. M.D.
25. FUNERAL DIRECTOR'S SIGNATURE / ADDRESS: Albert H. Hoppe, 4700 Washington

(Licensed Embalmer's Statement on Reverse Side)

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~~ ME

....., Student Embalmer No. .....,

working under my personal supervision.

Student .....
Student Embalmer

Signed G W Wilkinson

Licensed Embalmer No. 3571

P. O. Address St Louis 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.