

13498

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

No. 300

10.48

FILED MAY 4 1953
BIRTH NO. 20534 REG. DIST. NO. 53 PRIMARY REG. DIST. NO. 3010 Registrar's No. 131

1. PLACE OF DEATH a. COUNTY <u>Cape Girardeau</u> <i>0169</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Illinois</u> b. COUNTY <u>Alexander</u> <i>8120</i>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Cape Girardeau</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>McClure Ill</u> <i>8</i>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Southeast Mo. Hosp.</u>		d. STREET ADDRESS (If rural, give location) <u>None</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlotte</u> b. (Middle) <u>Kay</u> c. (Last) <u>Copeland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May</u> <u>1</u> <u>1953</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>May 3 1953</u>	9. AGE (In years if under 1 year last birthday) <u>—</u>	10. IF UNDER 1 YEAR Days <u>—</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Cape Girardeau Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U S A</u>					

13a. FATHER'S NAME <u>Orlen Copeland</u>	13b. MOTHER'S MAIDEN NAME <u>Bonnie Rose</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. (If yes, give war or dates of service) <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Orlen Copeland</u> ADDRESS <u>Cape Girardeau Mo</u>
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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>Respiratory obstruction 2 days</u> ANTECEDENT CAUSES <u>Cause undetermined</u> 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. <u>Chromaturgy</u>		INTERVAL BETWEEN ONSET AND DEATH
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>776X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from April 1953, to May 1, 1953, that I last saw the deceased alive on May 14, 1953, and that death occurred at 8:35 pm., from the causes and on the date stated above.

23a. SIGNATURE <u>John Crowe</u> (Degree or title) <u>M D O</u>	23b. ADDRESS <u>Cape Girardeau Mo</u>	23c. DATE SIGNED <u>May 8 1953</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>May 3 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Lindsey Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>McClure Ill</u>
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DATE REC'D BY LOCAL REG. <u>5-2-53</u>	REGISTRAR'S SIGNATURE <u>to to Sumner</u>	5. FUNERAL DIRECTOR'S SIGNATURE <u>J. L. House</u> ADDRESS <u>Cape Girardeau Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

SEP 24 1956

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. _____

Student _____
Student Embalmer _____

No Embalming
Signed _____

Licensed Embalmer No. _____

P. O. Address _____

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.