

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

27422

State File No. _____

No. 300
10-48

FILED JUL 24 1953

BIRTH NO. _____ REG. DIST. NO. 331 PRIMARY REG. DIST. NO. 4486 Registrar's No. 79

1. PLACE OF DEATH a. COUNTY <u>SCOTT</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cape Girardeau</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>BENTON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>CAPE GIRARDEAU 0164</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Legion Hall</u>		d. STREET ADDRESS (If rural, give location) <u>407 S. HANOVER</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Clyde</u> b. (Middle) <u>Y.</u> c. (Last) <u>Coppage</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 15, 1953</u>		
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>October 10, 1901</u>		9. AGE (In years last birthday) <u>51</u> <u>9</u> <u>6</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Investigator</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Alcohol - DUSTRY TAX CONTROL UNIT</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Palmyra, Illinois</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Coppage</u>			

13b. MOTHER'S MAIDEN NAME <u>Ada Young</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred E. Coppage</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mildred Coppage Cape Girardeau</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 Occlusion</u>			INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs.</u> <u>4 yrs.</u>
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic Myocarditis</u> DUE TO (c) <u>Coronary Thrombosis</u>			
		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>4201</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) (Min.)		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 Alone at time of death, that I last saw the deceased alive on about, 1953, and that death occurred at 9:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>John C. Buehler, M.D. Health Officer</u>		23b. ADDRESS <u>Benton, Mo</u>		23c. DATE SIGNED <u>7-18-53</u>	
24a. BURIAL, CREMATION REMOVAL (Specify) <u>Reburial</u>		24b. DATE <u>July 18, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Auburn Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Auburn, Illinois</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>FORD-YOUNG FUNERAL HOME, INC. CAPE GIRARDEAU, MISSOURI</u>			
DATE REC'D BY LOCAL REG. <u>July-21-53</u>		REGISTRAR'S SIGNATURE, <u>395-0 Mrs. Addie Harris</u>		FORD-YOUNG FUNERAL HOME, INC. CAPE GIRARDEAU, MISSOURI	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED 7-23-53
SCOTT COUNTY HEALTH CENTER
CO. FILE NO. 753-168

MAY 1954

JUL 24 1953

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 Lewis Green Jr.

Licensed Embalmer No. 4726

P. O. Address Cape Girardeau

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.