

STANDARD CERTIFICATE OF DEATH

State File No.

39767

0720

FILED DEC 14 1953

BIRTH NO. _____ REG. DIST. NO. 231 PRIMARY REG. DIST. NO. 4346 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> COUNTY <u>Montgomery</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Montgomery City Mo</u> <u>200</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Home</u>		d. STREET ADDRESS (If rural, give location) <u>none</u>	
3. NAME OF DECEASED a. (First) <u>Auther</u> (Type or Print)		b. (Middle) <u>Harrison</u>	
c. (Last) <u>Copens</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>12-3-53</u>	
5. SEX <u>Male</u> <u>2</u>	6. COLOR OR RACE <u>Colored</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>2-22-1889</u>
9. AGE (In years last birthday) <u>64</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Janitor</u>	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Montgomery County Mo</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Taylor Copens</u>	
13b. MOTHER'S MAIDEN NAME <u>Millie Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Ellia May Copens "Dead"</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u> (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>486-14-4491</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Evelina F. Copens</u>		ADDRESS <u>Montgomery City 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic parenchymatous nephritis</u> ANTECEDENT CAUSES DUE TO (b) <u>Chronic myocarditis</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Arterio sclerosis</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>		<u>4221</u>	
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 <u>4-8-47</u> , 19___, to <u>12-2-53</u> , 19___, that I last saw the deceased alive on <u>12-2-53</u> , 19___, and that death occurred at <u>2:30p.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>A. H. Van Arsdale</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>Montgomery City, Mo.</u>	
23c. DATE SIGNED <u>12-4-53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>B</u>		24b. DATE <u>12-7-53</u>	
24c. NAME OF CEMETERY OR CREMATOR <u>Gregory</u>		24d. LOCATION (City, town, or county) (State) <u>Near Mineola Mo</u>	
DATE REC'D BY LOCAL REG. <u>12-5-53</u>		REGISTRAR'S SIGNATURE <u>Lana B. O'Leary</u> <u>434</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>A. Dupuis</u>		ADDRESS <u>MONTGOMERY CITY MO.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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, ~~XXX~~ on the
3rd day of Dec 1953
working under my personal supervision.

Signed.....
Student Embalmer

Student Embalmer No.....
Signed..... *Arnold*
Licensed Embalmer No. I487
P. O. Address Montgomery City 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.