

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **43282**

FILED DEC 21 1953

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| BIRTH NO. _____ | | REG. DIST. NO. 146 | | PRIMARY REG. DIST. NO. 3026 | | Registrar's No. 468 | |
| 1. PLACE OF DEATH a. COUNTY Jackson | | | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson | | | |
| b. CITY OR TOWN Independence | | c. LENGTH OF STAY (in this place) | | c. CITY OR TOWN Independence | | d. Residence within limits of city or incorporated town? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No | |
| d. FULL NAME OF (If in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION 1413 West Truman Rd | | | | e. STREET ADDRESS (If rural, give location) 1413 West Truman Rd | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Mary b. (Middle) Polk c. (Last) Copeland | | | 4. DATE OF DEATH (Month) (Day) (Year) Dec. 3, 1953 | | | | |
| 5. SEX Female | | 6. COLOR OR RACE White | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | | 8. DATE OF BIRTH Feb. 9, 1868 | |
| 9. AGE (In years last birthday) 85 | | 10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY Domestic | | 11. BIRTHPLACE (City and State or Foreign Country) Philadelphia, Pa | |
| 10a. USUAL OCCUPATION | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE | | 12. CITIZEN OF WHAT COUNTRY? USA | |
| 13a. FATHER'S NAME Everett | | | 13b. MOTHER'S MAIDEN NAME Anna Day | | 14. NAME OF HUSBAND OR WIFE asa Copeland dec | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | | 16. SOCIAL SECURITY NO. None | | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Shasth. Grabe, Copeland, Indep. | | | |
| 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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Cerebral Arteriosclerosis? DUE TO (c) Arterial Hypertension II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Diabetes Mellitus | | | | | INTERVAL BETWEEN ONSET AND DEATH 11 days |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 331X | | | | 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 11/23 , 19 53 , to 12/3 , 19 53 , that I last saw the deceased alive on 12/3 , 19 53 , and that death occurred at 12:04 am. , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Degree or title) Shasth. Grabe, M.D. | | | | 23b. ADDRESS Independence, Mo. | | 23c. DATE SIGNED 12/4/53 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE Dec. 4, 53 | | 24c. NAME OF CEMETERY OR CREMATORY Philadelphia Pa. | | 24d. LOCATION (City, town, or county) (State) | |
| DATE REC'D BY LOCAL REG. 12-4-53 | | REGISTRAR'S SIGNATURE [Signature] | | 25. FUNERAL DIRECTOR'S SIGNATURE Coland R. Speaks | | ADDRESS Indep | |

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

DEC 21 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.....
Signature of Student Embalmer

Signed *Raymond M. Hardy*.....

Licensed Embalmer No. *4913*.....

P. O. Address *Index, 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.