

FILED JAN 18 1954

STANDARD CERTIFICATE OF DEATH

45146

State File No. ....

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 251 PRIMARY REG. DIST. NO. 9381 Registrar's No. 43

740

0740

|   |  |  |  |
|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Nodaway</u>                                       |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) <u>Hopkins</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) <u>Hopkins</u>  |  |
| c. LENGTH OF STAY (In this place) <u>10 Yrs.</u>                                    |  | d. STREET ADDRESS (If rural, give location)  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION   |  |  |  |

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|---|--|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>Joseph</u> b. (Middle) <u>Calvin</u> c. (Last) <u>Copple</u> |  |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Dec. 29, 1953</u> |  |  |
|---|--|--|---|--|--|

|   |                               |   |                                       |  |                                  |  |
|---|-------------------------------|---|---------------------------------------|--|----------------------------------|--|
| 5. SEX <u>Male</u>  | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Oct. 21, 1883</u> | 9. AGE (In years last birthday) <u>70</u>                                      | IF UNDER 1 YEAR<br>Months   Days | IF UNDER 6 HRS.<br>Hours   Min.            |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u> |                               | 10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>                      |                                       | 11. BIRTHPLACE (State or foreign country) <u>Nodaway Co. Independence Twp.</u> |                                  | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> |

|                                       |  |   |  |  |  |
|---------------------------------------|--|---|--|--|--|
| 13a. FATHER'S NAME <u>John Copple</u> |  | 13b. MOTHER'S MAIDEN NAME <u>Nancy Ann Foster</u> |  | 14. NAME OF HUSBAND OR WIFE <u>Bessie Copple</u> |  |
|---------------------------------------|--|---|--|--|--|

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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> |  | 16. SOCIAL SECURITY NO. <u>494-32-6340</u> |  | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs Bessie Copple, Hopkins, Mo.</u> |  |
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| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>  |  | INTERVAL BETWEEN ONSET AND DEATH <u>2 Wks</u> |
|   | ANTECEDENT CAUSES<br>Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
|   | II. OTHER SIGNIFICANT CONDITIONS<br>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? <u>332X</u><br>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 1/1, 1953 to 12/29, 1953 that I last saw the deceased alive on 12/29, 1953 and that death occurred at 4:30 pm., from the causes and on the date stated above.

|  |                             |                                |
|--|-----------------------------|--------------------------------|
| 23a. SIGNATURE (Degree or title) <u>C. W. Holt, M.D.</u> | 23b. ADDRESS <u>Hopkins</u> | 23c. DATE SIGNED <u>1/1/54</u> |
|--|-----------------------------|--------------------------------|

|   |                           |  |   |
|---|---------------------------|--|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>12-31-53</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Luteson Cemetery</u> | 24d. LOCATION (City, town, or county) (State) <u>Near-Sheridan, Mo.</u> |
|---|---------------------------|--|---|

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|---|--|---|
| DATE REC'D BY LOCAL REG. <u>1-16-54</u> | REGISTRAR'S SIGNATURE <u>Bess Holt</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Stanley Swanson</u> ADDRESS <u>Hopkins, 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, or by \_\_\_\_\_

*myself*

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Stanley Swanson*

Licensed Embalmer No. *3963*

P. O. Address *Hopkins, Me.*

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.