

FILED FEB 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1609

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>175</u>		PRIMARY REG. DIST. NO. <u>30-36</u>		Registrar's No. <u>3</u>	
1. PLACE OF DEATH a. COUNTY <u>Lawrence</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Lawrence</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Aurora</u> <u>0551</u>		c. LENGTH OF STAY (in this place) <u>3 yrs.</u>		c. CITY OR TOWN <u>Aurora</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1020 Oak</u> <u>1</u>				e. STREET ADDRESS (If rural, give location) <u>1021 Oak</u> <u>0551</u> <u>0</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u>		b. (Middle)		c. (Last) <u>Cope</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>1</u> <u>21</u> <u>1955</u>	
5. SEX <u>Male</u> <u>0</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u> <u>2</u>		8. DATE OF BIRTH <u>12-20-1882</u>	
9. AGE (in years last birthday) <u>72</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>		IF UNDER 24 HRS. Hours <u>1</u> Min. <u>1</u>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Barry Co. Mo. 0</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Sam Cope</u>		13b. MOTHER'S MAIDEN NAME <u>Georga Scott</u>		14. NAME OF HUSBAND OR WIFE <u>Mamie Philips</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Gene Eden</u> <u>Aurora, 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Massive cerebral embolism</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Embolism</u> DUE TO (c) <u>Spinal meningitis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>rickets</u> <u>4222</u> 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>				INTERVAL BETWEEN ONSET AND DEATH <u>36 hours</u> <u>Yrs.</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>Ca of prostate - severe dentures</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)		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>Dec 30, 1955</u> to <u>Jan 21, 1955</u> , that I last saw the deceased alive on <u>Jan 20, 1955</u> , and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE <u>G.P. Cope</u>		(Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Aurora, Mo.</u>		23c. DATE SIGNED <u>1-24-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-24-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Osa Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Barry Co. Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Jan 24, 1955</u>		REGISTRAR'S SIGNATURE <u>Oral M. Matt 157-0</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Davis-Williamson - Cassville, Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNEADING 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.....
Signature of Student Embalmer

Signed Ray E. Williamson

Licensed Embalmer No. 488

P. O. Address Cassville,

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.