

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

FILED FEB 2 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

2015

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 17

1. PLACE OF DEATH a. COUNTY <u>Phelps</u> /			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>		c. LENGTH OF STAY (In this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u> <u>0810</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 East 5th.</u>			d. STREET ADDRESS (If rural, give location) <u>809 East 5th.</u>		

3. NAME OF DECEASED (Type or Print)	a. (First) <u>HENRY</u>	b. (Middle) <u>ALEXANDER</u>	c. (Last) <u>COPPEDGE</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Jan. 26, 1955</u>
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5. SEX <u>male</u> <u>0</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>June 21, 1890</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months	IF UNDER 1 YEAR Days	IF UNDER 1 YEAR Hours	IF UNDER 1 YEAR Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Buyer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Produce</u>	11. BIRTHPLACE (State or foreign country) <u>Hobson, Mo.</u> <u>0</u>	12. CITIZEN OF WHAT COUNTRY? <u>US</u>
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13a. FATHER'S NAME <u>John Coppedge</u>	13b. MOTHER'S MAIDEN NAME <u>Levine Mathews</u>	14. NAME OF HUSBAND OR WIFE <u>Blanche Coppedge wife</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> <u>NO</u>	16. SOCIAL SECURITY NO. <u>493-07-0608</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Blanche Coppedge 809 E. 5th. Rolla, Mo.</u>
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>Immediate</u> <u>3 or 4 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</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> <u>arterio-sclerotic type</u> DUE TO (c)		
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 checked="" type="checkbox"/>
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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) <u>4221</u>
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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?
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22. I hereby certify that I attended the deceased from 1-9-1955, to 1-26-1955, that I last saw the deceased alive on 1-24, 1955, and that death occurred at 8:00 A.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Wm. C. ... D.O.</u>	23b. ADDRESS <u>Rolla Mo</u>	23c. DATE SIGNED <u>1-26-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>1-28-1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Cordy Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Hobson Dent Mo.</u>
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DATE REC'D BY LOCAL REG. <u>Jan 26, 1955</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u> <u>380</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Calvin ...</u> <u>1100 Elm, Rolla, Mo.</u>
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County File Number _____
Date Filed 1-31-55

FEB 8 1955

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 _____

Me

working under my personal supervision.

Student Embalmer No.

Carl J. Glenn

Signed Carl J. Glenn

Signed.....
Student Embalmer

Licensed Embalmer No. 4707

P. O. Address 1100 Elm, Rolla, 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.