

FILED MAR 15 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4707

State File No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 705

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|--|--|---|---|---|--|
| 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 (If outside corporate limits, write RURAL and give town) Kansas City | | c. LENGTH OF STAY (in this place) 7 days | c. CITY OR TOWN Kansas City | | 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 General Hospital #2 | | | STREET ADDRESS (If rural, give location) 2215 Flora Avenue | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Henry | | b. (Middle) C. | c. (Last) Copeland | 4. DATE OF DEATH (Month) (Day) (Year) 2 12 1955 | |
| 5. SEX male | 6. COLOR OR RACE Negro | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced | 8. DATE OF BIRTH Oct. 10, 1889 | 9. AGE (in years) (Month) (Day) (Year) 65 | IF UNDER 1 YEAR Months Days Hours Min. |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) porter | | 10b. KIND OF BUSINESS OR INDUSTRY unk. | 11. BIRTHPLACE (City and State or Foreign Country) Oklahoma | | 12. CITIZEN OF WHAT COUNTRY? USA |
| 13a. FATHER'S NAME Henry Copeland | | 13b. MOTHER'S MAIDEN NAME Emma Bennett | | 14. NAME OF HUSBAND OR WIFE Alena Copeland | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no | 16. SOCIAL SECURITY NO. 430-11-1150 | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS Otis Copeland 2718 Prospect | | | |
| 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) Metastatic bone lesions of undetermined etiology. ANTECEDENT CAUSES DUE TO (b) _____ Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Old Cerebral vascular accident and malnutrition. | | | | INTERVAL BETWEEN ONSET AND DEATH 1996 |
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | | | | 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) (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 2-12-55 , 19___, to 2-12-55 , 19___, that I last saw the deceased alive on 2-12-55 , 19___, and that death occurred at 8:05 p. m. , from the causes and on the date stated above. | | | | | |
| 23a. SIGNATURE E. Frank Ellis MD (Degree or title) | | | 23b. ADDRESS 600 East 22nd Street | | 23c. DATE SIGNED 2-14-55 |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) burial | 24b. DATE Feb. 19, 1955 | 24c. NAME OF CEMETERY OR CREMATORY Blue Ridge Lawn | 24d. LOCATION (City, town, or county) (State) Kansas City Mo | | |
| DATE REC'D BY LOCAL REG. 2-16-55 | | REGISTRAR'S SIGNATURE Neva Marshall | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Withers Bros Funeral Home 18th Benton | | |

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, Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *Bruce P. Watkinson*.....

Licensed Embalmer No. *450*.....

P. O. Address *1800 Ben*.....

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.