

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **11850**

FILED APR 28 1955

Registrar's No. **1596**

BIRTH NO. _____		REG. DIST. NO. <b>149</b>		PRIMARY REG. DIST. NO. <b>1002</b>		Registrar's No. <b>1596</b>	
1. PLACE OF DEATH a. COUNTY <b>Jackson</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kansas City</b>		c. LENGTH OF STAY (in this place) <b>2 Days</b>		c. CITY OR TOWN <b>Kansas City</b>		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 <b>General Hospital #2</b>				e. STREET ADDRESS (If rural, give location) <b>2012 East 12th Street 3178</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Orville</b>		b. (Middle) <b>DeFranz</b>		c. (Last) <b>Copeland</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>4 9 1955</b>	
5. SEX <b>Male</b>		6. COLOR OR RACE <b>Negro</b>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Feb. 28, 1895</b>	
9. AGE (In years last birthday) <b>60 57</b>		10a. USUAL OCCUPATION (Give kind of work done during years of working life, even if retired) <b>Movie Projectionist</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Castle Theatre</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Lawrence Kan.</b>	
12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>John Copeland</b>		13b. MOTHER'S MAIDEN NAME <b>Clara Woolly</b>		14. NAME OF HUSBAND OR WIFE <b>Jennie Copeland</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give year or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>3496-01-7164</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>James Williams Chicago Ill.</b>			
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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Carcinoma of the larynx.</b>				INTERVAL BETWEEN ONSET AND DEATH <b>16 1/2</b>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  DUE TO (b) _____  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"/>	
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 <input type="checkbox"/> WORK NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR?			
22. I hereby certify that I attended the deceased from <b>3-17-55</b> , 19____, to <b>4-9-55</b> , 19____, that I last saw the deceased alive on <b>4-9-55</b> , 19____, and that death occurred at <b>1:45 a.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>E. Frank Ellis</b>				23b. ADDRESS <b>600 East 22nd Street</b>		23c. DATE SIGNED <b>4-11-55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Removal</b>		24b. DATE <b>4/11/55</b>		24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <b>Topeka, Kansas</b>	
DATE REC'D BY LOCAL REG. <b>4-11-55</b>		REGISTRAR'S SIGNATURE <b>Neva Marshall</b>		EMBALMER'S SIGNATURE <b>E. Halving Bills</b>		ADDRESS <b>1212 Vine</b>	

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

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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 *E. Sterling Bell*.....

Licensed Embalmer No. *3175*.....

P. O. Address *12120*.....

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.