No. 300
10-48

FILED JUL 20 1955

# THE DIVISION OF HEALTH OF MISSOURI
# STANDARD CERTIFICATE OF DEATH

State File No. 23173

BIRTH NO. _____ REG. DIST. NO. 276 PRIMARY REG. DIST. NO. 4410 Registrar's No. 40

**1. PLACE OF DEATH**
a. COUNTY: Phelps
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): ST. JAMES
c. LENGTH OF STAY (In this place): 79 yrs
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): ✓

**2. USUAL RESIDENCE** (Where deceased lived. If institution: residence before admission).
a. STATE: MO
b. COUNTY: Phelps
c. CITY OR TOWN: ST. JAMES
d. Is Residence within limits of a city or incorporated town? Yes ☒ No ☐
e. STREET ADDRESS (If rural, give location): ✓

0810

**3. NAME OF DECEASED** (Type or Print)
a. (First): Joseph
b. (Middle): M.
c. (Last): Coppedge

**4. DATE OF DEATH** (Month) (Day) (Year): July 14, 1955

**5. SEX**: Male
**6. COLOR OR RACE**: White
**7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED** (Specify): Widowed
**8. DATE OF BIRTH**: Nov. 3, 1876
**9. AGE** (In years last birthday): 79 — IF UNDER 1 YEAR: Months 8, Days 11 — IF UNDER 24 HRS.: Hours, Min.

**10a. USUAL OCCUPATION** (Give kind of work done during most of working life, even if retired): Retired Farmer
**10b. KIND OF BUSINESS OR INDUSTRY**: ✓
**11. BIRTHPLACE** (City and State or Foreign Country): Maries Co. MO
**12. CITIZEN OF WHAT COUNTRY?**: U.S.A.

**13a. FATHER'S NAME**: Jas. M. Coppedge
**13b. MOTHER'S MAIDEN NAME**: Unknown
**14. NAME OF HUSBAND OR WIFE**: Nettie Coppedge

**15. WAS DECEASED EVER IN U.S. ARMED FORCES?** (Yes, no, or unknown) (If yes, give war or dates of service): ✓
**16. SOCIAL SECURITY NO.**: ✓
**17. INFORMANT'S SIGNATURE OR NAME**: Noel Coppedge (Son) ADDRESS: St. James, MO

**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, asthenia, etc. It means the disease, injury, or complication which caused death.*

**MEDICAL CERTIFICATION**

| | | INTERVAL BETWEEN ONSET AND DEATH |
|---|---|---|
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) | Bronchial pneumonia | 7 days |
| ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.* DUE TO (b) | Hypertension | 1½ years |
| DUE TO (c) | Arteriosclerosis gener | 2 years |
| II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.* | Paralysis agitans | 3 years |

**19a. DATE OF OPERATION**
**19b. MAJOR FINDINGS OF OPERATION**: 447X
**20. AUTOPSY?** YES ☐ NO ☒

**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 WORK ☐ NOT WHILE AT WORK ☐
**21f. HOW DID INJURY OCCUR?**

22. *I hereby certify that I attended the deceased from* 7-1, 1955 *to* 7-14, 1955, *that I last saw the deceased alive on* 7-14, 1955, *and that death occurred at* 5:55 *m., from the causes and on the date stated above.*

**23a. SIGNATURE** (Degree or title): C. V. Hammler, M.D.
**23b. ADDRESS**: St. James, Mo
**23c. DATE SIGNED**: 7-15/55

**24a. BURIAL, CREMATION, REMOVAL** (Specify): Burial
**24b. DATE**: July 16, 1955
**24c. NAME OF CEMETERY OR CREMATORY**: Masonic Cemetery
**24d. LOCATION** (City, town, or county) (State): St. James, MO

**DATE REC'D BY LOCAL REG.**: 7-17-1955
**REGISTRAR'S SIGNATURE**: Ruth B. Powell 479
**25. FUNERAL DIRECTOR'S SIGNATURE**: Orol E. Lichtenstein
**ADDRESS**: St James Mo.

(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 em

by me, or by ..... ME ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Orval E Tickle

Licensed Embalmer No. 35

P. O. Address St Jem

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (
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.