

No. 300
70-48

FILED DEC 13 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

373339

State File No.

BIRTH NO. _____ REG. DIST. NO. 170 PRIMARY REG. DIST. NO. 5636 Registrar's No. 196

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| 1. PLACE OF DEATH a. COUNTY <u>Laclede</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Laclede</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Washington T. S.</u> | | c. CITY OR TOWN <u>Lebanon</u> | d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Plato Star Rt.</u> | | STREET ADDRESS (If rural, give location) <u>Plato Star Rt.</u> | |

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| 3. NAME OF DECEASED (Type or Print) <u>Henry</u> | a. (First) | b. (Middle) | c. (Last) <u>Cope</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 1 1955</u> |
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| 5. SEX <u>M</u> | 6. COLOR OR RACE <u>W</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Dec. 24 1888</u> | 9. AGE (In years last birthday) <u>66</u> | IF UNDER 1 YEAR Months _____ Days _____ | IF UNDER 1 HRS. Hours _____ Min. _____ |
|-----------------|---------------------------|---|--------------------------------------|---|---|--|

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| 10a. USUAL OCCUPATION (Give kind of work during most of working life, even if retired) <u>Farmer</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (City and State or Foreign Country) <u>Wright Co. Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A</u> |
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| 13a. FATHER'S NAME <u>Lon Cope</u> | 13b. MOTHER'S MAIDEN NAME <u>Cora Claxton</u> | 14. NAME OF HUSBAND OR WIFE <u>Zettie Cope</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> | 16. SOCIAL SECURITY NO. <u>495-40-5992</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Henry Cope</u> | ADDRESS <u>Lebanon 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, asthma, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION | | INTERVAL BETWEEN ONSET AND DEATH <u>None</u> |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> | | |
| ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | DUE TO (b) <u>slid while helping butcher hog on farm home.</u> | |
| | | DUE TO (c) <u>inflammation given Coroner S. R. Palmer Jr</u> | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Had no physician for years</u> | | | |

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| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION <u>4201</u> | 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | 21e. INJURY OCCURRED WHILE AT WORK <input checked="" 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 19, to 19, that I last saw the deceased alive on 12 Nov, 1955, and that death occurred at 12 Noon from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Hella L. Hays - Local Registrar</u> | (Degree or title) <u>Registrar</u> | 23b. ADDRESS <u>Lebanon, Mo</u> | 23c. DATE SIGNED <u>12-4-1955</u> |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u> | 24b. DATE <u>12-4-55</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>McBride</u> | 24d. LOCATION (City, town, or county) (State) <u>Laclede Co. Mo</u> |
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| DATE REC'D BY LOCAL REG. <u>12-4-1955</u> | REGISTRAR'S SIGNATURE <u>Hella L. Hays</u> | 424 | 25. FUNERAL DIRECTOR'S SIGNATURE <u>S. R. Palmer</u> | ADDRESS <u>Lebanon, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

Received 12-19-55

Laclede County Health Unit

File No. 196

Date Filed 12-19-55

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 Stanley R Palm

Licensed Embalmer No. 481

P. O. Address Lebanon,

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.