

MAY 29 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

17120

State File No.

BIRTH NO.		REG. DIST. NO. <u>233</u>		PRIMARY REG. DIST. NO. <u>5813</u>		Registrar's No. <u>9</u>			
1. PLACE OF DEATH a. COUNTY <u>Montgomery</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE <u>Missouri</u> b. COUNTY <u>Montgomery</u>					
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Loutre</u>		c. LENGTH OF STAY (In this place) <u>10 years</u>		c. CITY (If outside corporate limits, write RURAL and give township): OR TOWN <u>Rural - Loutre</u> <u>0700</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>1 mile south Wellsville</u>				d. STREET ADDRESS (If rural, give location) <u>1 mile south of Wellsville</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u>			b. (Middle) <u>MILTON</u>		c. (Last) <u>COPELAND</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>May 24 1956</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>Married</u>		8. DATE OF BIRTH <u>July 20 1885</u>		9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>10</u> Days <u>4</u> IF UNDER 24 HRS: Hours <u>4</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life or in if retired) <u>retired building laborer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Hod carrier</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Rushville, Illinois</u>			12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>	
13a. FATHER'S NAME <u>Thomas Copeland</u>			13b. MOTHER'S MAIDEN NAME <u>Neoma Dennis</u>			14. NAME OF HUSBAND OR WIFE <u>Alpha Copeland</u>			
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>488-09-8411</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs T. M. Copeland Wellsville, Mo</u>				
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.		1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u>						INTERVAL BETWEEN ONSET AND DEATH <u>5 min</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
		11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dead on arrival</u>							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>						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 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 <u>May 3 1956</u> , to <u>May 24 1956</u> , that I last saw the deceased alive on <u>May 23 1956</u> , and that death occurred at <u>4:30 A.M.</u> , from the causes and on the date stated above.									
23a. SIGNATURE (Degree or title) <u>Willis H. Wells DO</u>			23b. ADDRESS <u>Wellsville Mo</u>			23c. DATE SIGNED <u>5/26/56</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5/27/56</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Wellsville Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Wellsville, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-27-56</u>		REGISTRAR'S SIGNATURE <u>Mrs Gertrude Parsons</u>			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>T. B. Wells Wellsville Mo</u>				

(Licensed Embalmer's Statement on Reverse Side)

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
Student Embalmer

Signed, _____

Licensed Embalmer No. _____

P. O. Address _____

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to complete the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.