

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30644**  
**4087**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

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> <u>3408</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>KANSAS CITY</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"/>	
c. LENGTH OF STAY (in this place) <b>1 yrs.</b>		e. STREET ADDRESS (If rural, give location) <b>40 2313 N. E. 30th St.</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>2313 E. 30 th Str.</b>					

3. NAME OF DECEASED (Type or Print) <b>Nannie</b>	a. (First)	b. (Middle) <b>Fannie</b>	c. (Last) <b>Copridge</b>	4. DATE OF DEATH <b>9 - 9 - 1956</b>
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5. SEX <b>Female</b>	6. COLOR OR RACE <b>Negro</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Widowed</b>	8. DATE OF BIRTH <b>Jan. 13, 1900</b>	9. AGE (In years last birthday) <b>56 yrs.</b>	IF UNDER 1 YEAR Months _____	IF UNDER 1 YEAR Days _____	IF UNDER 1 HR. Hours _____	IF UNDER 1 HR. Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>House Wife</b>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <b>Mexico, Missouri</b>	12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>
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13a. FATHER'S NAME <b>Richard Phillips</b>	13b. MOTHER'S MAIDEN NAME <b>Maggie Johnson</b>	14. NAME OF HUSBAND OR WIFE <b>Thadius Copridge</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>No</b>	16. SOCIAL SECURITY NO. <b>Unknown</b>	17. INFORMANT'S SIGNATURE OR NAME <b>Clarence Copridge</b>	ADDRESS <b>512 W. Nettleton, Indp. Mo.</b>
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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, athermia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <b>unknown</b>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Cancer of Pancreas</b>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Age</b> DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>none</b>			<b>151X</b>

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	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) (Min.) _____	21e. INJURY OCCURRED WHILE AT WORK <input 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 8-17-1956, to 9-9-1956, that I last saw the deceased alive on 9-9-1956 and that death occurred at 8:40 p.m., from the causes and on the date stated above.

23a. SIGNATURE <b>F. J. Haugh Sr.</b> (Degree or title) _____	23b. ADDRESS <b>2200 East 18</b>	23c. DATE SIGNED <b>9/15/56</b>
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24a. BURIAL CREMATION REMOVAL (Specify) <b>Burial</b>	24b. DATE <b>9 - 19 - 1956</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Woodlawn Cemetery</b>	24d. LOCATION (City, town, or county) (State) <b>Independence, Missouri</b>
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DATE REC'D BY LOCAL REG. <b>9-18-56</b>	REGISTRAR'S SIGNATURE <b>neva minshall</b>	25. FUNERAL DIRECTOR'S SIGNATURE <b>Let. David Caldwell</b>	ADDRESS <b>R. P. Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD  
F. J. Haugh Sr. MD

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 *Landis H. Jackson*

Licensed Embalmer No. *485*

P. O. Address *K. C. ...*

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.