

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

3843

FILED MAR 8 1957

STATE FILE NUMBER
210

Registration District No. 43 Primary Registration District No. 3007

Registrar's No. 210

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|---|-------------------------------|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Butler</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Butler</u> | |
| b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Poplar Bluff, Mo.</u> Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> | | c. CITY OR TOWN <u>Poplar Bluff</u> ⁰¹²⁴ Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Brandon Hosp.</u> Length of stay in lb | | d. STREET ADDRESS (If outside, give location) <u>Barron Road</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | |
| 3. NAME OF DECEASED (Type or print) <u>Robert Ishmael Cope</u> <i>First Middle Last</i> | | | 4. DATE OF DEATH <u>Feb. 24, 1957</u> <i>Month Day Year</i> |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> / DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH <u>April 1, 1889</u> |
| 9. AGE (In years last birthday) <u>67</u> | | IF UNDER 1 YEAR Months <u> </u> Days <u> </u> Hours <u> </u> Min. <u> </u> | IF UNDER 24 HRS. Hours <u> </u> Min. <u> </u> |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Attorney</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lawyer</u> | 11. BIRTHPLACE (City and state or country) <u>Ripley County, Mo.</u> |
| 13. FATHER'S NAME <u>Mitchell Turner Cope</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> | |
| 14. MOTHER'S MAIDEN NAME <u>Anna Welch</u> | | 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | |
| 16. SOCIAL SECURITY NO. <u>492-36-9244</u> | | 17. INFORMANT <u>Mrs. R.I. Cope</u> , <u>Poplar Bluff, Mo.</u> <i>Address</i> | |
| 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) _____ | | | INTERVAL BETWEEN ONSET, AND DEATH <u>17 days</u> <u>1 year</u> |
| 20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> | | 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) _____ | |
| 20c. TIME OF INJURY Hour _____ Month, Day, Year _____ a. m. _____ p. m. _____ | | 20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) _____ | |
| 20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 20f. CITY, TOWN, OR LOCATION _____ COUNTY _____ STATE _____ | |
| 21. I attended the deceased from <u>Feb. 7, 1957</u> to <u>Feb. 24, 1957</u> and last saw her ^{her} _{him} alive on <u>Feb. 24, 1957</u> . Death occurred at <u>9:45 P.</u> _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE <u>W.L. Brandon, M.D.</u> | | 22b. ADDRESS <u>1124 N. Main Poplar Bluff, Missouri</u> | 22c. DATE SIGNED <u>2-27-57</u> |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 23b. DATE <u>2-26-57</u> | 23c. NAME OF CEMETERY OR CREMATORY <u>Woodlawn Cem.</u> | 23d. LOCATION (City, town, or county) (State) <u>Poplar Bluff, Mo.</u> |
| 24. FUNERAL DIRECTOR <u>Frank-Cotrell</u> ADDRESS <u>Poplar Bluff, Mo.</u> | | 25. DATE RECD. BY LOCAL REG. <u>3/1/57</u> | 26. REGISTRAR'S SIGNATURE <u>R. H. Minette</u> |

(Licensed Embalmer's Statement on Reverse Side)

Director, coroner, etc. must use any standard nomenclature in reporting diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes. USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE.

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RECEIVED
MAR 7 1957

BUTLER CO. HEALTH DEPARTMENT

FILE NO. _____

MAR 9

1957

FEB 18 1958

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 *Charles E Mungle*

Licensed Embalmer No. *48*

P. O. Address *Polkville*

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.