

FILED MAR 6 1957

STANDARD CERTIFICATE OF DEATH

State File No. 5756

BIRTH NO. REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY Phelps		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Phelps	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rolla		c. CITY OR TOWN Rural (Dawson) ⁰⁸¹⁰	
c. LENGTH OF STAY (In this place)		d. In 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 Phelps Co Memorial Hospital		STREET ADDRESS (If rural, give location)	

3. NAME OF DECEASED (Type or Print)	a. (First) Joseph	b. (Middle) B.	c. (Last) Copeland	4. DATE OF DEATH (Month) (Day) (Year)
				Feb 22 1957

5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 11 1878	9. AGE (In years last birthday) 80	IF UNDER 1 YEAR 10	IF UNDER 24 HRS. 20	Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Retired		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? USA	

13a. FATHER'S NAME Joseph Copeland	13b. MOTHER'S MAIDEN NAME Nancy Vaughn	14. NAME OF HUSBAND OR WIFE Jane
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Jane Copeland 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, ashenia, 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) CARDIAC ARREST		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) CARDIAC ANOXIA DUE TO (c) CORONARY THROMBOSIS		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			

19a. DATE OF OPERATION None	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) Accident	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Home	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Road Phelps Mo
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 2 27 56 3A	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	21f. HOW DID INJURY OCCUR? Spontaneous

22. I hereby certify that I attended the deceased from 2-22-57, 1957, to _____, 19____, that I last saw the deceased alive on 2-22, 1957, and that death occurred at 4:10 P.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Wm Feeley M.D.	23b. ADDRESS 2 Blind Mo	23c. DATE SIGNED 2-23-57
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24a. BURIAL, CREMATION REMOVAL (Specify) Burial	24b. DATE Feb 25 1957	24c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	24d. LOCATION (City, town, or county) (State) Phelps Co, Mo
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DATE REC'D BY LOCAL REG. Feb. 25, 1957	REGISTRAR'S SIGNATURE Nadine L. Stoll	25. FUNERAL DIRECTOR'S SIGNATURE Jesse Galt St. James, Mo
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Phelps County Health Officer,

County File Number 663

Date Filed Mar 5 1957

OCT 1 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 C. Gene Gahr

Licensed Embalmer No. 4486
P. O. Address 295 So. Third St. James, Mo.

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.