

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **30583**

FILED AUG 26 1957

BIRTH NO. _____		REG. DIST. NO. 352		PRIMARY REG. DIST. NO. 6187		Registrar's No. 63			
1. PLACE OF DEATH a. COUNTY TANEY				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo. b. COUNTY Bowling					
b. CITY (If outside corporate limits, write RURAL and give township) Protem Big Creek Township		c. LENGTH OF STAY (in this place) 2 months		c. CITY OR TOWN Cheffield		d. Is residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION				e. STREET ADDRESS (If rural, give location) 046 2					
3. NAME OF DECEASED (Type or Print) a. (First) Don b. (Middle) G. c. (Last) Copelin			4. DATE OF DEATH (Month) (Day) (Year) 8 7 57						
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married		8. DATE OF BIRTH 1-1-1906			
9. AGE (In years last birthday) 51		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____					
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Stockman			10b. KIND OF BUSINESS OR INDUSTRY Own		11. BIRTHPLACE (City and State or Foreign Country) Dugginsville Mo.		12. CITIZEN OF WHAT COUNTRY? U.S.A.		
13a. FATHER'S NAME Steve Copelin			13b. MOTHER'S MAIDEN NAME Ava Pritchard			14. NAME OF HUSBAND OR WIFE Gertrude Wilson			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes W.W.II		16. SOCIAL SECURITY NO. 429-28-7709		17. INFORMANT'S SIGNATURE OR NAME Gertrude Wilson				ADDRESS Protem 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Brain tumor ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Primary lesions not found DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH 2 yrs		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION = 193x					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) (Min.)		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 1955 , 19____, to 1957 , 19____, that I last saw the deceased alive on Jan 12, 1957 , and that death occurred at _____ m., from the causes and on the date stated above.									
23a. SIGNATURE [Signature]				23b. ADDRESS [Address]		23c. DATE SIGNED 8-22-57			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 8-9-57		24c. NAME OF CEMETERY OR CREMATORY Lutie Cemetery		24d. LOCATION (City, town, or county) (State) Lutie Mo.			
DATE REC'D BY LOCAL REG. 8/24/57		REGISTRAR'S SIGNATURE Helene Campbell		25. FUNERAL DIRECTOR'S SIGNATURE [Signature] ADDRESS Lamineville Mo.					

(Licensed Embalmer's Statement on Reverse Side)

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

AUG 27 1957

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 *John R. Carey*.....

Licensed Embalmer No. *488*.....

P. O. Address *Edinville*.....

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.