

FILED MAR 7 - 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-006029
STATE FILE NUMBER

Registration District No. 146

Primary Registration District No. 5569

Registrar's No. 103

300
-57

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Brooking Township		c. CITY OR TOWN Raytown Brooking Township	
Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 9804 E. 77th. St.		Length of stay in lb 23 yrs	
d. STREET ADDRESS 9804 E. 77th. St.		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Virgil Middle J. Last Copple			4. DATE OF DEATH Month Feb. Day 27, Year 1958
5. SEX male	6. COLOR OR RACE white	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 28, 1902
9. AGE (In years from birthday) 55		IF UNDER 1 YEAR Months 5 Days 15	IF UNDER 24 HRS. Hours 15 Min. 00
10a. USUAL OCCUPATION (Give kind of work done during most of working life even if retired) Assembly Work		10b. KIND OF BUSINESS OR INDUSTRY Chevrolet Plant	11. BIRTHPLACE (City and state or country) Trenton, Missouri
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Clay Copple	
13b. MOTHER'S MAIDEN NAME Addie Hare		14. NAME OF HUSBAND OR WIFE Lena Copple	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> or unknown) (If yes, give name of state or service)		16. SOCIAL SECURITY NO. 487-09-3601	17. INFORMANT Lena Copple Address 9804 E. 77th. Street
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			INTERVAL BETWEEN ONSET AND DEATH 1 day
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
DUE TO (c) _____			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) duodenal ulcer for 2 years			
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 _____ a.m. _____ p.m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 7-31-56 to 2-27-58 and last saw him alive on 2-27-58 Death occurred at 9 p. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Clay Miller M.D.</i>		22b. ADDRESS <i>Lees Summit 741</i>	22c. DATE SIGNED <i>2/28/58</i>
23a. BURIAL, CREMATION, REMOVAL (Specify) burial	23b. DATE 3/3/58	23c. NAME OF CEMETERY OR CREMATORY Floral Hills Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City, Missouri
24. FUNERAL DIRECTOR Eapp & Sons 4707 Truman Rd. K.C.		25. DATE RECD. BY LOCAL REG. 3-1-58	26. REGISTRAR'S SIGNATURE <i>James Tracy</i>

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JAN 4 1962

MAR 5 1962

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 *William H. Carpenter*

Licensed Embalmer No. *4728*
P. O. Address *N.C. 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.