

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-028789
STATE FILE NUMBER

FILED AUG 18 1958 Registration District No. 128 Primary Registration District No. 2000 Registrar's No. 799

300
1-57

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Greene	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Springfield		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Springfield 6396 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Burge Hospital		Length of stay in lb 45 years	d. STREET ADDRESS (If outside, give location) 925 N. Jeffersob Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First THOMAS Middle B. Last COPPAGE, SR.			4. DATE OF DEATH Month August Day 14 Year 1958		
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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 June 21, 1864	9. AGE (In years last birthday) 94	IF UNDER 1 YEAR Months 0 Days 0 Hours 0 Min. 0	IF UNDER 24 HRS. Hours 0 Min. 0
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Supt	10b. KIND OF BUSINESS OR INDUSTRY Frisco Railway	11. BIRTHPLACE (City and state or country) Neetsville, Kentucky	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME James Coppage	13b. MOTHER'S MAIDEN NAME Amanda Batsell	14. NAME OF HUSBAND OR WIFE Ophelia Coppage
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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. Unknown	17. INFORMANT Tom B. Coppage, Jr., Springfield, Mo. Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pulmonary edema secondary to chronic myocarditis		INTERVAL BETWEEN ONSET AND DEATH 8-11-58
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Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) _____
DUE TO (c) **Senility**

4222 H

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)
Adenocarcinoma prostate

19. WAS AUTOPSY PERFORMED?
YES NO

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.)
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20c. TIME OF INJURY Hour _____ Month _____ Day _____ Year _____ a.m. _____ p.m. _____

20d. INJURY OCCURRED WHILE AT <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 _____
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21. I attended the deceased from 7-23-58 to 8-14-58 and last saw her alive on 8-14-58 Death occurred at 2:35 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE J. O. Sicheluff, M. D.	22b. ADDRESS 609 Cherry Springfield, Mo.	22c. DATE SIGNED 8-15-58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE Aug 16, 1958	23c. NAME OF CEMETERY OR CREMATORY Ash Grove Cemetery	23d. LOCATION (City, town, or county) (State) Ash Grove, Missouri
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24. FUNERAL DIRECTOR Jewell E. Wills	ADDRESS Springfield, Mo.	25. DATE RECD. BY LOCAL REG. 8-15-58	26. REGISTRAR'S SIGNATURE Effie G. Melton
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Do not use any other standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related.

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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 *Bernard F. Wright*

Licensed Embalmer No. *4293*

P. O. Address *Springfield*

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.