

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047102

STATE FILE NUMBER

FILED FEB 3 1959

Registration District No. 141 Primary Registration District No. 3025 Registrar's No. 10

300  
-57

1. PLACE OF DEATH a. COUNTY <i>Howell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Missouri</i> b. COUNTY <i>Howell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <i>West Plains</i>		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <i>West Plains</i> 0466 Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>317 N. Main</i>		Length of stay in 1b	d. STREET ADDRESS (If outside, give location) <i>317 N. Main</i> Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last <i>Leonard Pearl Copeland</i>			4. DATE OF DEATH Month Day Year <i>12-30-58</i>
5. SEX <i>M.</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <i>2-14-1875</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years, last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. <i>83</i> 10 16 Months Day Hours Min.
11. BIRTHPLACE (City and state or country) <i>Whitelland Kans U.S.A.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>	
13a. FATHER'S NAME <i>Merran Copeland</i>		13b. MOTHER'S MAIDEN NAME <i>Sarah ?</i>	14. NAME OF HUSBAND OR WIFE <i>Bertha Copeland</i>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO.	17. INFORMANT <i>Bertha Copeland</i> Address <i>West Plains Mo.</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) <i>Hypostatic pneumonia</i> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) <i>malnutrition &amp; cacystria</i> DUE TO (c) <i>Carcinoma of mouth</i>			INTERVAL BETWEEN ONSET AND DEATH <i>5 days</i> <i>3 mos</i> <i>18 mos</i>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/> 0
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.) <i>144x</i>	
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
21. I attended the deceased from <i>11/1/58</i> to <i>12/30/58</i> and last saw her alive on <i>12/27/58</i> Death occurred at <i>12:40p</i> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>M. L. Fowler</i> (Degree or title) <i>MD</i>		22b. ADDRESS <i>West Plains Mo</i>	22c. DATE SIGNED <i>1/20/59</i>
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE <i>1-2-59</i>	23c. NAME OF CEMETERY OR CREMATORY <i>Oak Grove Cem</i>	23d. LOCATION (City, town, or county) (State) <i>West Plains Mo.</i>
24. FUNERAL DIRECTOR <i>Robertson West Plains</i> ADDRESS		25. DATE RECD. BY LOCAL REG. <i>1-29-59</i>	26. REGISTRAR'S SIGNATURE <i>Beatrice Cook</i>

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

(Licensed Embalmer's Statement on Reverse Side)

*Fowler*

All diseases in Part I must be causally related.

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 .....

*Robert J. Drago*

Licensed Embalmer No. *4547*

P. O. Address *West Plains, 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.