

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-032835

FILED VS OCT 13 1959

Registration District No. 159 Primary Registration District No. 4249 Registrar's No. 64 STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JEFFERSON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY JEFFERSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN HILLSBORO		Length of stay in 1b		c. CITY OR TOWN BARNHART		Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION CEDAR GROVE NURSING HOME			Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) ROUTE 1			Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First JAMES Middle M Last COPPEDGE				4. DATE OF DEATH Month SEPT Day 24 Year 1959			
5. SEX MALE	6. COLOR OR RACE WHITE	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 1/10/1870	9. AGE (last birthday) 89	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) RETIRED		10b. KIND OF BUSINESS OR INDUSTRY CONSTRUCTION WORKER		11. BIRTHPLACE (City and state or country) St. James, Mo.		12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME JAMES M COPPEDGE			13b. MOTHER'S MAIDEN NAME ELIZABETH KENETT		14. NAME OF HUSBAND OR WIFE DECEASED		
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. 495-12-7502		17. INFORMANT Address ALMETA WOOD 2032 COLERIDGE DR			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Arteriosclerotic Heart Disease						INTERVAL BETWEEN ONSET AND DEATH 5/No.	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b)					
		DUE TO (c)					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	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.		Month, Day, Year					
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 May 1959 to 9-24-59 and last saw ^{her} him live on 9-20-59 . Death occurred at 9:45A m on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE John W. Danke M.D. (Degree or title)			22b. ADDRESS 3606 Gravois St. Louis			22c. DATE SIGNED 9-25-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL		23b. DATE 9/28/1959	23c. NAME OF CEMETERY OR CREMATORY LAKEWOOD PARK CEM.		23d. LOCATION (City, town, or county) (State) St. Louis Co., Mo.		
24. FUNERAL DIRECTOR ADDRESS J L ZIEGENHEIN & SONS 7027 GRAVOIS				25. DATE RECD. BY LOCAL REG. 9-27-59	26. REGISTRAR'S SIGNATURE Alta Diederich Des		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

MS
SEP 13 1969

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed Donald B. King

Licensed Embalmer No. 9463

P. O. Address 1-4 / 2-2-69

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.