

JRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

50-011942

FILED VS MAR 28 1960 251

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 68

STATE FILE NUMBER

INDEXED

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Clyde		Length of stay in 1b 70 years	c. CITY OR TOWN Clyde Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION Home		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) - - - - Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Sebastian Middle John Last Coppersmith			4. DATE OF DEATH Month March Day 15 Year 1960		
5. SEX M	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 2-27-1869	9. AGE (last birthday) 91	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (City and state or country) Germany	12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Karl Coppersmith		13b. MOTHER'S MAIDEN NAME Christina		14. NAME OF HUSBAND OR WIFE Clara Lager	
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. none	17. INFORMANT Address Mrs. John Stoll, Stanberry, Mo.		

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 Sclerosis & Occlusion Arterial		INTERVAL BETWEEN ONSET AND DEATH
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) Serivility		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 checked="" 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 Ma Conception, Mo.	COUNTY Ma	STATE Mo.
21. I attended the deceased from 12/9/58 to 12/16/60 and last saw him alive on 3/8/60 Death occurred at 12/16/60 4 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.				

22a. SIGNATURE B. F. Ryland M.D. (Degree or title)	22b. ADDRESS Maryville MO	22c. DATE SIGNED 3/19/60 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE March 19, 1960	23c. NAME OF CEMETERY OR CREMATORY St. Columba Cemetery	23d. LOCATION (City, town, or county) Ma Conception, Mo.
24. FUNERAL DIRECTOR Johnson Funeral Homes, Conception Jct., Mo.	ADDRESS 3-21-60	25. DATE RECD. BY LOCAL REG. 3-21-60	26. REGISTRAR'S SIGNATURE Bess Holt

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

JUN 14 1960

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 Paul E. Johnson

Licensed Embalmer No. 4948

P. O. Address Stanberry

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.