

FEDERAL BUREAU OF INVESTIGATION - STANDARD CERTIFICATE OF DEATH

FILED VS JAN 5 1961 200

3041

199

-60-046778

STATE FILE NUMBER

Registration District No. _____ Primary Registration District No. _____ Registrar's No. _____

ENDED

1. PLACE OF DEATH a. COUNTY MACON				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MO b. COUNTY SHELBY			
b. CITY (If outside corporate limits, give TOWNSHIP only) MACON		Length of stay in 1b 4 DAYS		c. CITY OR TOWN CLARENCE		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) SAMARITAN HOSPITAL			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) RFD # 2			Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) VERNIE — COPENHAVER				4. DATE OF DEATH Month Dec. Day 14 Year 1960			
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 SEPT 14, 1910	9. AGE (last birthday)	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) FARMING		10b. KIND OF BUSINESS OR INDUSTRY FARMING		11. BIRTH PLACE (City and state or country) MO MACON COUNTY		12. CITIZEN OF WHAT COUNTRY US	
13a. FATHER'S NAME LEONARD COPENHAVER			13b. MOTHER'S MAIDEN NAME MATILDA SUNNER		14. NAME OF HUSBAND OR WIFE ALPHA COPENHAVER		
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. 44-30-12-300	17. INFORMANT MRS RUTH CLARKE CLARENCE MO			Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral hemorrhage						INTERVAL BETWEEN ONSET AND DEATH 4 days	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) hypertension						years	
DUE TO (c) arteriosclerosis						years	
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 June 5, 1954 to 12-14-1960 and last saw him alive on 12-14-1960 Death occurred at 8:30 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Alan R. Hull (Degree or title) D.O.				22b. ADDRESS Clarence, Mo.		22c. DATE SIGNED 12-20-1960	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE 12-16-60	23c. NAME OF CEMETERY OR CREMATORY MAPLE WOOD CEMETERY CLARENCE		23d. LOCATION (City, town, or county) MO		23e. (State)	
24. FUNERAL DIRECTOR GREENING CLARENCE MO		ADDRESS	25. DATE RECD. BY LOCAL REG. 12/23/60		26. REGISTRAR'S SIGNATURE Ruth Newely		

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

VS JAN 5 1961

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

Charles V. Freeman

Licensed Embalmer No. 462

P. O. Address Clarence

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.