SOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-007399
STATE FILE NUMBER

AMENDED

Registration District No. 372 Primary Registration District No. 4543 Registrar's No. 8

FILED VS MAR 2 1961

DATE AMENDED | INSTEAD OF | SHOULD READ | ITEM NO. | DOCUMENT | BY AFFIDAVIT OF

1. PLACE OF DEATH
a. COUNTY: WEBSTER
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: SEYMOUR
Length of stay in 1b:
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION:
Inside Limits: Yes ☐ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: MO. b. COUNTY: WEBSTER
c. CITY OR TOWN: SEYMOUR
Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location):
Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print) First: MARTIN Middle: H. Last: COPLEY
4. DATE OF DEATH Month: 2 Day: 12 Year: 61
5. SEX: MALE
6. COLOR OR RACE: WHITE
7. Married ☐ Never Married ☒ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: JULY 1, 1874
9. AGE (last birthday): 86
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 FARMER
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): WEBSTER CO.
12. CITIZEN OF WHAT COUNTRY: U.S.A.
13a. FATHER'S NAME: JESSIE COPLEY
13b. MOTHER'S MAIDEN NAME: SARAH DAVIDSON
14. NAME OF HUSBAND OR WIFE: —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service):
16. SOCIAL SECURITY NO.: NONE
17. INFORMANT: MRS. LAURA MILLER Address: SEYMOUR, MO.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a): ACUTE CIRCULATORY FAILURE
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): CORONARY THROMBOSIS & MYOCARDIAL INFARCTION
DUE TO (c): ARTEROSCLEROSIS
INTERVAL BETWEEN ONSET AND DEATH:
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. ☐ Yes ☐ No ☐ Unknown
19. WAS AUTOPSY PERFORMED? YES ☐ NO ☐
20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐
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 ☐ NOT WHILE AT WORK ☐
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 12/31/60, to 2/12/61 and last saw her/him alive on 2/12/61
Death occurred at 12:30 A.M. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: J. R. Gill (Degree or title) D.O.
22b. ADDRESS: Seymour
22c. DATE SIGNED: 2/14/61
23a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
23b. DATE: 2-15-61
23c. NAME OF CEMETERY OR CREMATORY: STAR CEMETERY
23d. LOCATION (City, town, or county) (State): WEBSTER CO. MO.
24. FUNERAL DIRECTOR: Robert Bergman ADDRESS: Seymour, Mo.
25. DATE RECD. BY LOCAL REG.: 2-23-61
26. REGISTRAR'S SIGNATURE: Gilbert Jones

(Licensed Embalmer's Statement on Reverse Side)

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_____ Signed Max L Miller
Signature of Student Embalmer

Licensed Embalmer No. 4720

P. O. Address Mansfield 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.