

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-010247  
STATE FILE NUMBER

Registration District No. 394 Primary Registration District No. \_\_\_\_\_ Registrar's No. 94

AMENDED

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

**FILED APR 12 1961**

1. PLACE OF DEATH  
a. COUNTY Reynolds  
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp Length of stay in 1b LIFE  
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Own Home Inside Limits Yes  No

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo b. COUNTY Reynolds  
c. CITY OR TOWN Ellington Inside Limits Yes  No   
d. STREET ADDRESS (If outside, give location) 12 Mi West of Ellington Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last 4. DATE OF DEATH Month Day Year  
Emily MAY Copland MAR 30 1961

5. SEX Female 6. COLOR OR RACE white 7. Married  Never Married  Widowed  Divorced  8. DATE OF BIRTH 3-10-1899 9. AGE (last birthday) 82 IF UNDER 1 YEAR IF UNDER 24 HR  
Months 0 Days 20 Hours 0 Min. 0

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife 10b. KIND OF BUSINESS OR INDUSTRY None 11. BIRTHPLACE (City and state or country) Reynolds Co Mo 12. CITIZEN OF WHAT COUNTRY U.S.A

13a. FATHER'S NAME ISAAC Smith 13b. MOTHER'S MAIDEN NAME Mary Ross 14. NAME OF HUSBAND OR WIFE Fred O Copland (Dec)

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. \_\_\_\_\_ 17. INFORMANT Mary Mooney Ellington 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) myocardial infarction INTERVAL BETWEEN ONSET AND DEATH 10 min  
DUE TO (b) Generalized arteriosclerosis 10 yrs  
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.)  
DUE TO (c) senility

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 1960 to 1961 and last saw her/him alive on Jan 10/61  
Death occurred at 7:00 PM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Kenneth T Carter, M.D. 22b. ADDRESS Ellington, Mo 22c. DATE SIGNED 4-1-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial 23b. DATE Apr 2, 1961 23c. NAME OF CEMETERY OR CREMATORY City 23d. LOCATION (City, town, or county) (State) Ellington Mo

24. FUNERAL DIRECTOR Rsw. H. Farnsworth ADDRESS Ellington Mo 25. DATE RECD. BY LOCAL REG. Apr 4-1961 26. REGISTRAR'S SIGNATURE Elma Jarvie

AUG 6 1952

**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 Chas. L. Pruitt

Licensed Embalmer No. 4574

P. O. Address Ellington, Ala.

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.