SSOURI DIVISION OF HEALTH — STANDARD CERTIFICATE OF DEATH

-61-016234
STATE FILE NUMBER

AMENDED

Registration District No. 360 Primary Registration District No. 3076 Registrar's No. 83

FILED MAY 9 1961

1. PLACE OF DEATH
a. COUNTY: Vernon
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Nevada — Length of stay in 1b: 6 days
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: Nevada City Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Bates
c. CITY OR TOWN: Rich Hill — Inside Limits: Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location): 3rd.& Walnut St. — Reside on Farm: Yes ☐ No ☐

3. NAME OF DECEASED (Type or print): First ALFRED Middle GLEN Last COPELAND
4. DATE OF DEATH: Month April Day 26 Year 1961
5. SEX: male
6. COLOR OR RACE: white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH: 9/14/93
9. AGE (last birthday): 68
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): prospect driller
10b. KIND OF BUSINESS OR INDUSTRY: coal
11. BIRTHPLACE (City and state or country): Rich Hill,Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: William Copeland
13b. MOTHER'S MAIDEN NAME: Catherine Lowder
14. NAME OF HUSBAND OR WIFE: Iva Copeland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): W.W. I
17. INFORMANT: Mrs.Iva Copeland — Address: Rich Hill,Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:

		INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a)	Acute Renal Failure	12 hrs.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)	Acute Myocardial Failure	36 hrs.
DUE TO (c)	Acute Cardiac Decompensation	10 days

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Diabetes Mellitus

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 May 10, 1948, to Apr. 26, 1961 and last saw ~~the~~ XX him alive on Apr. 26, 1961
Death occurred at Nevada, Missouri 6:20 P.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or Title): R. B. Wray, M. D., F. I. C. S.
22b. ADDRESS: Moore Bldg., Nevada, Missouri
22c. DATE SIGNED: 5/3/1961

23a. BURIAL, CREMATION, REMOVAL (Specify): burial
23b. DATE: 4/28/61
23c. NAME OF CEMETERY OR CREMATORY: Green Lawn Cemetery
23d. LOCATION (City, town, or county) (State): Rich Hill,Missouri

24. FUNERAL DIRECTOR — ADDRESS: Booth Funeral Serv.-Rich Hill,Mo.
25. DATE RECD. BY LOCAL REG.: May 4 th-1961
26. REGISTRAR'S SIGNATURE: Anna E. Ferrop

(Licensed Embalmer's Statement on Reverse Side)

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

VS MAY 9 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 me,

or by _____, Student Embalmer No._____

working under my personal supervision.

Student_____
Signature of Student Embalmer

Signed John G. Underwood

Licensed Embalmer No. 3585

P. O. Address Butler, Me

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.