# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-026225
STATE FILE NUMBER

AMENDED

Registration District No. 276 Primary Registration District No. 5945 Registrar's No. 38

FILED JUL 24 1961

1. PLACE OF DEATH
a. COUNTY Phelps
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Dillon Twp — Length of stay in 1b
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION None — Inside Limits Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Phelps
c. CITY OR TOWN St. James — Inside Limits Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location) Dillon Twp — Reside on Farm Yes ☒ No ☐

3. NAME OF DECEASED (Type or print) First: Gertrude Middle: Agnes Last: Copeland
4. DATE OF DEATH Month: July Day: 14 Year: 1961
5. SEX Female
6. COLOR OR RACE White
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 8-15-1893
9. AGE (last birthday) ~~76~~ 67 — IF UNDER 1 YEAR Months 10 Days 29 — IF UNDER 24 HR Hours Min.
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) Kirkwood, Missouri
12. CITIZEN OF WHAT COUNTRY U S A.
13a. FATHER'S NAME John C. Bausch
13b. MOTHER'S MAIDEN NAME Agnes
14. NAME OF HUSBAND OR WIFE Emmett Copeland
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no — (If yes, give war or dates of service) no
16. SOCIAL SECURITY NO. yes
17. INFORMANT Emmett Copeland, Address Star Rte. St. James, 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) Coronary occlusion — INTERVAL BETWEEN ONSET AND DEATH 0
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Hypertension
DUE TO (c) Arteriosclerosis
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 July 14, 1961 to July 14, 1961 and last saw her alive on July 14, 1961
Death occurred at 9:55 A.m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE C. J. Hammler, M.D. (Degree or title)
22b. ADDRESS St. James, Mo.
22c. DATE SIGNED 7-14-61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE July 17, 1961
23c. NAME OF CEMETERY OR CREMATORY Miles Cemetery
23d. LOCATION (City, town, or county) (State) Phelps Co. Missouri
24. FUNERAL DIRECTOR Jesse Baker ADDRESS St. James, Mo.
25. DATE RECD. BY LOCAL REG. 7-16-1961
26. REGISTRAR'S SIGNATURE Ruth B. Powell

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| | | | |

BY AFFIDAVIT OF DOCUMENT

**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 C. Jesse Gahr

Signature of Student Embalmer

Licensed Embalmer No. 4486

P. O. Address St. James, Miss

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.