

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=62-002689

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 209 Primary Registration District No. 3043 Registrar's No. 21

FILED JAN 15 1962

1. PLACE OF DEATH

a. COUNTY Marion

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)

a. STATE Mo. b. COUNTY Marion

b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Hannibal Length of stay in 1b 55 yrs.

c. CITY OR TOWN Hannibal Inside Limits Yes  No

c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Levering Hospital Inside Limits Yes  No

d. STREET ADDRESS (If outside, give location) 1000 Ely St. Reside on Farm Yes  No

3. NAME OF DECEASED (Type or print) First Middle Last BERT LEE COPENHAVER

4. DATE OF DEATH Month Day Year January 1, 1962

5. SEX male

6. COLOR OR RACE white

7. Married  Never Married  Widowed  Divorced

8. DATE OF BIRTH 4/18/86

9. AGE (last birthday) 75

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) teamster

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) Shelby County, Mo.

12. CITIZEN OF WHAT COUNTRY United States

13a. FATHER'S NAME John Copenhaver

13b. MOTHER'S MAIDEN NAME Virginia Sumner

14. NAME OF HUSBAND OR WIFE Ethel 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.

17. INFORMANT Address Hannibal, Mo.  
Mrs. Ethel Copenhaver, 1000 Ely St.

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

IMMEDIATE CAUSE (a) Stroke

INTERVAL BETWEEN ONSET AND DEATH immediate

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) R.S.H.D.

DUE TO (c)

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 Month, Day, Year a.m. p.m.

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 11:52 a. to 1/1/62 and last saw her alive on 1/1/62  
Death occurred at 11:52 a. m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE T. J. FISCHER (Degree or title) M.D.

22b. ADDRESS 2910 St. Mary's Avenue Hannibal, Missouri

22c. DATE SIGNED 1/4/62

23a. BURIAL, CREMATION, REMOVAL (Specify) burial

23b. DATE 1/4/62

23c. NAME OF CEMETERY OR CREMATORY Grand View Burial Park

23d. LOCATION (City, town, or county) (State) Hannibal, Missouri

24. FUNERAL DIRECTOR ADDRESS Joseph Schwartz - Hannibal, Mo.

25. DATE RECD. BY LOCAL REG. Jan. 5 1962

26. REGISTRAR'S SIGNATURE Dr. E. M. Rache by Telia W. German

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

**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 \_\_\_\_\_

*Jack Schwartz*

Licensed Embalmer No. 4900

P. O. Address Hornitval, Pa

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.