

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-002874

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

AMENDED

Registration District No. 231 Primary Registration District No. \_\_\_\_\_ Registrar's No. 44

FILED FEB 13 1962

1. PLACE OF DEATH a. COUNTY <b>Nodaway</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Mo</b> b. COUNTY <b>Nodaway</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Clearmont</b>		Length of stay in 1b <b>1 month</b>	c. CITY OR TOWN <b>Maryville</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>Wallen Rest Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>403 East 3 rd St</b>
		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <b>Thomas</b> Middle <b>E</b> Last <b>Copeland</b>			4. DATE OF DEATH Month <b>Feb</b> Day <b>1st</b> Year <b>1962</b>		
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5. SEX <b>Male</b>	6. COLOR OR RACE <b>Wh</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>Aug-31-75</b>	9. AGE (last birthday) <b>86</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done Regular or occasional work (Specify)) <b>Farmer &amp; Real Estate</b>	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <b>Iowa</b>	12. CITIZEN OF WHAT COUNTRY <b>U S</b>
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13a. FATHER'S NAME <b>Joseph Copeland</b>	13b. MOTHER'S MAIDEN NAME <b>Sallie Nichol</b>	14. NAME OF HUSBAND OR WIFE <b>Lois Copeland</b>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No, or unknown) (If yes, give war or dates of service) <b>No</b>	16. SOCIAL SECURITY NO. [Redacted]	17. INFORMANT <b>Mrs Lois Copeland</b> Address <b>Maryville, Missouri</b>
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18. CAUSE OF DEATH (Enter only one cause per line for PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebro-vascular thrombosis</u> INTERVAL BETWEEN ONSET AND DEATH <u>48 hours</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) <u>Cerebro-vascular atherosclerosis?</u>
	DUE TO (c) _____

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition, given in PART I (a) <u>Prostatic hypertrophy with bladder neck obstruction</u>	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input checked="" type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)
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20c. TIME OF INJURY Hour _____ a.m. _____ p.m.	Month, Day, Year _____
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20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>_____ COUNTY _____ STATE _____</b>
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21. I attended the deceased from <u>1956</u> to <u>2/1/62</u> and last saw her alive on <u>2/1/62</u> Death occurred at <u>3</u> o'clock on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) <u>[Signature]</u>	22b. ADDRESS <u>Maryville, Missouri</u>	22c. DATE SIGNED <u>2/6/62</u>
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23a. BURIAL, CREMATION, or REMOVAL (Specify) <b>Removal</b>	23b. DATE <b>Feb-3rd-62</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Blanchard Cemetery</b>	23d. LOCATION (City, town, or county) <b>Blanchard, Iowa</b>
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24. FUNERAL DIRECTOR <b>Tucker Funeral Home</b> ADDRESS <b>Westboro, Missouri</b>	25. DATE RECD. BY LOCAL REG. <b>2-6-62</b>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>
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AMENDMENTS ON THIS RECORD ARE AS FOLLOWS  
 INSTEAD OF  
 DOCUMENT  
 MEDICAL CERTIFICATION  
 BY AFFIDAVIT OF  
 ITEM NO. SHOULD READ

FEB 27 1962

MAR 13 1962

**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 Ashley R Tucker, ~~Student~~ Embalmer No. 4757

working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Ashley R Tucker

Licensed Embalmer No. 4757

P. O. Address Westboro, Missouri

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.