

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-007182

STATE FILE NUMBER

Registration District No. 207 Primary Registration District No. _____ Registrar's No. 8

FILED FEB 20 1962

1. PLACE OF DEATH a. COUNTY Maries		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Maries	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Jackson Twp.		Length of stay in 1b Life	c. CITY OR TOWN Vienna, Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Her Home		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) Dixon, Mo. Rt. 1. Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Martha Middle L. Last Copeland			4. DATE OF DEATH Month Feb. Day 14, Year 1962.		
--	--	--	--	--	--

5. SEX Female	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 2/26/1876	9. AGE (last birthday) 85	IF UNDER 1 YEAR Month 11 Day 18	IF UNDER 24 HR Hours Min.
-------------------------	----------------------------------	---	--------------------------------------	-------------------------------------	--	--

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper	10b. KIND OF BUSINESS OR INDUSTRY Housekeeping	11. BIRTHPLACE (City and state or country) Maries Co. Mo.	12. CITIZEN OF WHAT COUNTRY U.S.A.
---	--	---	--

13a. FATHER'S NAME William Roberson	13b. MOTHER'S MAIDEN NAME Lucinda Mason	14. NAME OF HUSBAND OR WIFE Henderson Copeland.
---	---	---

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. none	17. INFORMANT James M. Copeland, Dixon, 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) Hemiplegia.		INTERVAL BETWEEN ONSET AND DEATH 4 days.
DUE TO (b) Cerebral vascular accident.		4 days.
DUE TO (c) _____		

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

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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
---	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	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 <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Dixon, Missouri	COUNTY Maries	STATE Mo.
--	--	--	-------------------------	---------------------

21. I attended the deceased from Jan. 9, 1962 to Feb. 10, 1962 and last saw her alive on Feb. 10, 1962
Death occurred at 5:45 P.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <i>Donley Satis</i> (Degree or title) D.S.	22b. ADDRESS Dixon, Missouri	22c. DATE SIGNED 2-16-62
---	--	------------------------------------

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 2/17/62	23c. NAME OF CEMETERY OR CREMATORY Hughs Chapel	23d. LOCATION (City, town, or county) Maries County, Mo.
--	-----------------------------	---	--

24. FUNERAL DIRECTOR W. C. Birmingham	ADDRESS Vienna, Mo.	25. DATE RECD. BY LOCAL REG. Feb. 16, 1962	26. REGISTRAR'S SIGNATURE <i>Wayne Hutchison</i>
---	-------------------------------	--	---

AMENDED
 DATE AMENDED
 AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

VS FEB 26 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 me, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed W.P. Birmingham

Licensed Embalmer No. 3664

P. O. Address Uenna M

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.