# MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-021278
STATE FILE NUMBER

Registration District No. 317 Primary Registration District No. 547 Registrar's No. 1528

DO NOT WRITE ON THIS STUB — AMENDED

VS 300 Rev. 4/59

FILED MAY 28 1962

1. PLACE OF DEATH
a. COUNTY: St Louis
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Richmond Hgts. St. Louis — Length of stay in 1b: 2 Yrs.
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hospital — Inside Limits: Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Mo. b. COUNTY: Phelps
c. CITY OR TOWN: Rolla — Inside Limits: Yes ☐ No ☒
d. STREET ADDRESS (If outside, give location): 204 East 7th. st. — Reside on Farm: Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First MATILDA Middle BROWN Last COOPER
4. DATE OF DEATH: Month May Day 20, Year 1962
5. SEX: Female
6. COLOR OR RACE: White
7. Married ☐ Never Married ☐ Widowed ☒ Divorced ☐
8. DATE OF BIRTH: 3/22/1873
9. AGE (last birthday): 89 — 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): Housewife
10b. KIND OF BUSINESS OR INDUSTRY: Own home
11. BIRTHPLACE (City and state or country): Missouri
12. CITIZEN OF WHAT COUNTRY: USA
13a. FATHER'S NAME: John A. Brown
13b. MOTHER'S MAIDEN NAME: Marie Earhart
14. NAME OF HUSBAND OR WIFE: John Wm. Copper (deceased)
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): no (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT: Pearl Colburn Key Largo, Florida — Address

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): Bronchopneumonia — INTERVAL BETWEEN ONSET AND DEATH: 14 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b): Cerebral Vascular accident — 4 wks
DUE TO (c): General arteriosclerosis — 5 years
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): arteriosclerotic Heart Disease
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 Feb 1956, to 5-20-62 and last saw her/him alive on 5-19-62
Death occurred at 12:40 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.
22a. SIGNATURE: James C. Covington (Degree or title) M.D.
22b. ADDRESS: 950 Francis Place Clayton 5 Mo
22c. DATE SIGNED: 5-21-62
23a. BURIAL, CREMATION, REMOVAL (Specify): Removal
23b. DATE: May 22, 1962
23c. NAME OF CEMETERY OR CREMATORY: Rolla Cemetery
23d. LOCATION (City, town, or county) (State): Rolla, Mo.
24. FUNERAL DIRECTOR: Glenn Funeral Home ADDRESS: Rolla, Mo.
25. DATE RECD. BY LOCAL REG.: 5-21-62
26. REGISTRAR'S SIGNATURE: John C. Murphy M.D.

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

| ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED |
|---|---|---|---|
| 1 | 4005 | | |
| 2 | 0810 | | |
| 3 | 2 | | |
| 4 | 1 | | |
| 5 | 2 | | |
| 6 | | | |
| 7 | 0 | | |
| 8 | 0 | | |
| 9 | 331X | | |
| 10 | | | |
| 11 | | | |
| 12 | 46-0 | | |
| 13 | | | |

BY AFFIDAVIT OF DOCUMENT

USE BLACK INK OR TYPEWRITER RIBBON

**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 Carl J. Glenn

Licensed Embalmer No. 4707

P. O. Address Rolla, Mo.

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.