

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

= 62-027024 ✓  
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registered District No. 1002 Primary Registration District No. 1002 Registrar's No. 3466

**FILED JUL 25 1962**

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF HIGH OWENS

USE BLACK INK OR TYPEWRITER RIBBON

|  |  |   |  |  |  |
|--|--|---|--|--|--|
| 1. PLACE OF DEATH<br>a. COUNTY <b>Jackson</b>  |  |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Kansas</b> b. COUNTY <b>Johnson</b> |  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br><b>Kansas City</b>  |  | Length of stay in lb<br><b>1 day</b>  | c. CITY OR TOWN<br><b>Roeland Park,</b>  |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location)<br><b>105 Wardparkway</b>  |  |   | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>   | d. STREET ADDRESS (If outside, give location)<br><b>5206 Reinhardt Dr.</b>   |  |
| 3. NAME OF DECEASED<br>(Type or print)<br>First <b>Morris</b> Middle <b>Copeland</b> Last  |  |   | 4. DATE OF DEATH<br>Month <b>June</b> Day <b>29</b> Year <b>1962</b>   |  |  |
| 5. SEX<br><b>Male</b>  | 6. COLOR OR RACE<br><b>White</b>         | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>4/5/06</b>  | 9. AGE (last birthday)<br><b>Approx. 56</b>  | IF UNDER 1 YEAR<br>Months Days Hours Min.  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>Merchant Partner</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>U.S. Army store</b>   |  | 11. BIRTHPLACE (City and state or country)<br><b>Kansas City, Mo.</b>  |  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U.S.A.</b>   |  | 13a. FATHER'S NAME<br><b>Abrom Copeland</b>   |  | 13b. MOTHER'S MAIDEN NAME<br><b>Eva -----</b>  |  |
| 14. NAME OF HUSBAND OR WIFE<br><b>Evelyn Copeland</b>  |  | 15. WAS DECEASED EVER IN U.S. ARMED FORCES?<br>(Yes, no, or unknown) (If yes, give war or dates of service)<br><b>No</b>                                    |  | 16. SOCIAL SECURITY NO.<br>[REDACTED]  |  |
| 17. INFORMANT<br><b>Evelyn Copeland</b>  |  | 18. CAUSE OF DEATH (Enter only one cause per line)<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Coronary Occlusion</b>                         |  | 19. INTERVAL BETWEEN ONSET AND DEATH   |  |
| DUE TO (b) _____   |  | 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.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |  | 20. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)   |  | 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |
| 22a. SIGNATURE<br><b>Margaret M. Owens</b>   | 22b. ADDRESS<br><b>152 Union Station</b> | 22c. DATE SIGNED<br><b>6-30-62</b>  | 23. NAME OF CEMETERY OR CREMATORY<br><b>Mt Carmel Cemetery</b>   |  |  |
| 23a. BURIAL INFORMATION, REMOVAL (Specify)<br><b>Burial</b>  | 23b. DATE<br><b>7/1/1962</b>             | 23c. LOCATION (City, town, or county)<br><b>Kansas City, Missouri</b>   | 24. FUNERAL DIRECTOR<br><b>J.P. Louis Funeral Home, K.C., Mo.</b>  |  |  |
| 25. DATE RECD. BY LOCAL REG.<br><b>7-2-62</b>  |  | 26. REGISTRAR'S SIGNATURE<br><b>Ruth N Long</b>   |  |  |  |

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate<sup>a</sup> was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

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

Signed *Greg Ruffington*

Licensed Embalmer No. 2756

P. O. Address KCMO

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.