

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-046663

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No. 131 Primary Registration District No. 3023 Registrar's No. 322

FILED JAN 8 1963

VS 300  
Rev. 4/59

8425

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USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO. SHOULD READ

BY AFFIDAVIT OF

MEDICAL CERTIFICATION

DOCUMENT

DATE AMENDED

1. PLACE OF DEATH a. COUNTY <u>Henry</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Johnson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Clinton</u>		Length of stay in lb <u>1 day</u>	c. CITY OR TOWN <u>Chilhowee</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Wetzel Hospital</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location)
		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) <u>George Martin Copeland</u>		4. DATE OF DEATH <u>December 31, 1962</u>			
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Never Married <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>2/22/1897</u>	9. AGE (last birthday) <u>65</u>	10. IF UNDER 1 YEAR Months <input type="checkbox"/> Days <input type="checkbox"/> Hours <input type="checkbox"/> Min. <input type="checkbox"/>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carnival owner</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Carnival</u>		11. BIRTHPLACE (City and state or country) <u>Hickman Mills, Mo.</u>	12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>
13a. FATHER'S NAME <u>William Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>Florence Johnson</u>		14. NAME OF HUSBAND OR WIFE <u>Mildred Rees Copeland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>yes</u> <u>World War I</u>		16. SOCIAL SECURITY NO. <u>493-14-9450</u>		17. INFORMANT <u>Mildred Copeland, Chilhowee, Mo.</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:		INTERVAL BETWEEN ONSET AND DEATH <u>Cerebral vascular accident</u> <u>3 hrs</u>			
IMMEDIATE CAUSE (a)		DUE TO (b) <u>Arterial sclerotic hypertension above</u> <u>3 yrs</u>			
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		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>diabetes mellitus</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 type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <u>death</u>		20c. TIME OF INJURY Hour a.m. p.m. <u>7</u>			Month, Day, Year <u>1962</u>	
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 <u>Clinton, Mo.</u>		COUNTY <u>Lees Summit, Mo.</u>	STATE <u>Mo.</u>	
21. I attended the deceased from <u>7 1962</u> to <u>death</u> and last saw him alive on <u>12-31-62</u> . Death occurred at <u>Lees Summit, Mo.</u> on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE <u>R. Wetzel, D.O.</u> (Degree or title)		22b. ADDRESS <u>Clinton, Mo.</u>		22c. DATE SIGNED <u>1-1-63</u>				
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>1/2/63</u>	23c. NAME OF CEMETERY OR CREMATORIAL <u>Lees Summit</u>	23d. LOCATION (City, town, or county) <u>Lees Summit, Mo.</u> (State)				
24. FUNERAL DIRECTOR <u>Cook Funeral Home, Chilhowee, Mo.</u>		ADDRESS	25. DATE RECD. BY LOCAL REG. <u>Jan 2, 1963</u>	26. REGISTRAR'S SIGNATURE <u>Mildred Bigum</u>				

Permit  
Obanited  
1/2/63

JUN 10 1963  
JAN 22 1963  
FEB 14 1963

#### 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

*J. Cook*

Licensed Embalmer No. 4335

P. O. Address Chilhowee, 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.