

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21985**

FILED JUN 27 1949

BIRTH NO. _____ REG. DIST. NO. **317** PRIMARY REG. DIST. NO. **3069** Registrar's No. **1294**

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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY St. Louis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri COUNTY 994	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Richmond HTS		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Herrin 11	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Marys Hospital		d. STREET ADDRESS (If rural, give location) 2	
3. NAME OF DECEASED a. (First) Ruby		b. (Middle) COPELAND (Last) Coteman	
4. DATE OF DEATH 5-20-1949		5. SEX Female	
6. COLOR OR RACE white		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) married	
8. DATE OF BIRTH 9-19-1894		9. AGE (In years last birthday) 54	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife		10b. KIND OF BUSINESS OR INDUSTRY	
11. BIRTHPLACE (State or foreign country) Desoto		12. CITIZENRY OF WHAT COUNTRY mo USA	
13a. FATHER'S NAME James Locklear		13b. MOTHER'S MAIDEN NAME Rocinda Dempsey	
14. NAME OF HUSBAND OR WIFE Clarence Copeland		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes no, or unknown) (If yes, give war or dates of service)	
16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Clarence Copeland ADDRESS Herrin Mo	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Uremia ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertensive CVR Dis. DUE TO (c) 4424 131b	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify)	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR?		22. I hereby certify that I attended the deceased from May 15, 1949 to May 20, 1949 , that I last saw the deceased alive on May 20, 1949 , and that death occurred at 5P m., from the causes and on the date stated above.	
23a. SIGNATURE A. Russell (Degree or title)		23b. ADDRESS 3720 Washington	
23c. DATE SIGNED 5-23-49		24a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL	
24b. DATE 5-20-49		24c. NAME OF CEMETERY OR CREMATORY	
24d. LOCATION (City, town, or county) (State) Herrin Illinois		25. FUNERAL DIRECTOR'S SIGNATURE Rowland Mortuary Service ADDRESS 4104 Manchester Ave.	
DATE REC'D BY LOCAL REG. 5-23-49		REGISTRAR'S SIGNATURE Richard L. Sampson	

JAN 12 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 _____

Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed J. Allen Davis Jr

Licensed Embalmer No. 4053

P. O. Address Atterbury, 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 this body is not embalmed, fact should be so stated above.