

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 23985

FILED AUG 2 1950

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. L94 PRIMARY REG. DIST. NO. 4304 Registrar's No. 6

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

1. PLACE OF DEATH a. COUNTY <u>Livingston</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <u>Mo</u> b. COUNTY <u>Livingston</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Ludlow</u>	c. LENGTH OF STAY (In this place) <u>90 yrs</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Ludlow</u> <u>0590</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Franklin</u> c. (Last) <u>Copple</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>6 - 22 - 1950</u>				
5. SEX <u>M.</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>6-10-1863</u>	9. AGE (In years last birthday) <u>87 yrs.</u>	10. UNDER 1 YEAR Days	11. UNDER 2 WKS. Hours	12. UNDER 24 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <u>Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	

13a. FATHER'S NAME <u>John Copple</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Ann Gordon</u>		14. NAME OF HUSBAND OR WIFE <u>Nettie Copple</u>	
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. <u>11</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Bertie L. Coving Ludlow</u>	

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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Senile heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Total Blindness morbidity</u>		<u>15 years</u>	
		DUE TO (c)		<u>744X</u>	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Prostatic enlargement</u>		<u>10 yrs</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 6-19, 1950, to 6-22, 1950, that I last saw the deceased alive on 6-21, 1950 and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Geo. M. ... M.D.</u>		23b. ADDRESS <u>Ludlow, Mo</u>		23c. DATE SIGNED <u>6/23/50</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>6/24/50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Monroe Center</u>		24d. LOCATION (City, town, or county) (State) <u>Ludlow Mo</u>	
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DATE REC'D BY LOCAL REG. <u>June 23, 1950</u>		REGISTRAR'S SIGNATURE <u>Bertie L. Coving</u>		175		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Bernard J. Neal, Bragman</u>	
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(Licensed Embalmer's Statement on Reverse Side)



**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 \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Student Embalmer No. \_\_\_\_\_

Signed *Bernard J. Mead*

Licensed Embalmer No. *2801*

P. O. Address *Prayner, 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.