

FILED AUG 25 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

26528

State File No.

BIRTH NO. _____ REG. DIST. NO. 118 PRIMARY REG. DIST. NO. 5433 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>FRANKLIN</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>FRANKLIN</u>	
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>BOLES R. R.</u>		c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) <u>0360</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Highway 66</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>GARRETT</u> b. (Middle) <u>OSCAR</u> c. (Last) <u>COPELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8 14 1950</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>W. D. Know</u>	8. DATE OF BIRTH <u>AUGUST 10, 1905</u>	9. AGE (In years last birthday) <u>45</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SERVICE STATION</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (State or foreign country) <u>ST. JAMES, MISSOURI</u>	
12. CITIZEN OF WHAT COUNTRY _____					

13a. FATHER'S NAME <u>John W. Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>MARY A. SEWELL</u>		14. NAME OF HUSBAND OR WIFE <u>ESTHER COPELAND</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) _____		16. SOCIAL SECURITY NO. <u>500-10-9589</u>		17. INFORMANT'S SIGNATURE OR NAME <u>John W. Copeland</u> ADDRESS <u>St. James Mo</u>	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CRUSHED CHEST</u>		DUPLICATE (b) <u>FRACTURE LEFT LEG</u>		<u>38 16 6</u>	
*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		DUPLICATE (c) <u>AUTO ACCIDENT ONE MILE WEST OF DIAMONDS ON HIGHWAY 66</u>		<u>14</u>	
II. OTHER SIGNIFICANT CONDITIONS (Conditions contributing to the death but not related to the disease or condition causing death.) <u>HEAD ON</u>					

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) <u>ACCIDENT</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Highway 66</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>BOLES FRANKLIN MO.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>8 14 50 6:28 PM</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>AUTO ACCIDENT HEAD ON</u>	

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 2:00 P. m., from the causes and on the date stated above.

23a. SIGNATURE <u>Pho. H. J. Hoffman</u> (Degree or title)		23b. ADDRESS <u>Union Mo</u>		23c. DATE SIGNED <u>8/14/50</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>8-18-50</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ST. JAMES MISSOURI</u>	
24d. LOCATION (City, town, or county) (State) _____		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Ottmann</u> ADDRESS <u>Union Mo</u>		DATE REC'D BY LOCAL REG. <u>Aug. 16 - 1950</u>	
REGISTRAR'S SIGNATURE <u>F. T. Cooper, ETC</u>		98			

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

13607

OCT 24 1950

AUG 29 1950

SEP 14 1950

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 Embalmer No.

Signed.....

Ralph Ottmann

Signed.....

Student Embalmer

Licensed Embalmer No. 4808

P. O. Address Union, Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.