

FILED FEB 5 1951

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

43645

State File No. ....

BIRTH NO. 124 REG. DIST. NO. 206 PRIMARY REG. DIST. NO. 5749 Registrar's No. 7

1. PLACE OF DEATH a. COUNTY <u>MADISON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MADISON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - ST. MICHAEL</u>		c. LENGTH OF STAY (In this place) <u>71 yrs.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Route 3, Fredericktown, Mo.</u>		d. STREET ADDRESS (If rural, give location) <u>Route 3, Fredericktown, Mo.</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>MARY</u>	b. (Middle) <u>MARGARET</u>	c. (Last) <u>COPELAND</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. 17, 1950</u>
-------------------------------------	------------------------	-----------------------------	---------------------------	--

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widowed</u>	8. DATE OF BIRTH <u>JAN. 4, 1852</u>	9. AGE (In years last birthday) <u>98</u>	IF UNDER 1 YEAR Months <u>11</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
----------------------	-------------------------------	---	--------------------------------------	---	---	---

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>	11. BIRTHPLACE (State or foreign country) <u>Washington County Mo. D</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>
--	---	--	--

13a. FATHER'S NAME <u>Stephen HUFF</u>	13b. MOTHER'S MAIDEN NAME <u>MINERVA BROWN</u>	14. NAME OF HUSBAND OR WIFE <u>NICHOLAS COPELAND</u>
--	--	--

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>	16. SOCIAL SECURITY NO. <u>NONE</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ARTHUR COPELAND, Fredericktown, Mo.</u>	ADDRESS
--	-------------------------------------	--	---------

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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pneumonia Lobar</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Confinement by Fracture</u> DUE TO (c) <u>Hip</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<u>69050</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) <u>Fractured Hip</u>	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>062 Madison Mo.</u>
---	--	--

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? <u>Slipped on floor.</u>
--	--	---

22. I hereby certify that I attended the deceased from 19, to DEC. 17, 1950, that I last saw the deceased alive on Dec 17, 1950, and that death occurred at 8:20 p. m., from the causes and on the date stated above.

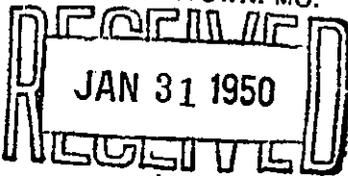
23a. SIGNATURE (Degree or title) <u>Dr. D. O. Schlachter</u>	23b. ADDRESS <u>135 W. Main Fredericktown, Mo.</u>	23c. DATE SIGNED <u>1-23-51</u>
--	--	---------------------------------

24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>12-20-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Little Vine Cemetery</u>	24d. LOCATION (City, town, or county) (State) <u>Madison County Missouri</u>
---	---------------------------	--	--

DATE REC'D BY LOCAL REG. <u>1-20-51</u>	REGISTRAR'S SIGNATURE <u>Florence Hicks</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dajin, Jr.</u>	ADDRESS <u>Fredericktown, Mo.</u>
---	---	--	-----------------------------------

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

MADISON COUNTY HEALTH DEPT.  
FREDERICKTOWN, MO.



FILE No. 151-7

**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 William B O'Connor

Licensed Embalmer No. 3975

P. O. Address Fredericktown 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.