

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

29213

State File No.

FILED SEP 14 1951

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 307K Registrar's No. 140

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

1. PLACE OF DEATH a. COUNTY <u>Scott</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>New Madrid</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Sikeston</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Lewis Twsp. Near Lilbourn</u>	
c. LENGTH OF STAY (in this place) <u>24 hr.</u>		d. STREET ADDRESS (If rural, give location) <u>0790</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Delta Comm. Hosp.</u>			
3. NAME OF DECEASED a. (First) <u>Waymon</u> b. (Middle) <u>Copous</u> c. (Last) <u>Copous</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>August 30 1951</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Nov. 13 1910</u>
9. AGE (In years last birthday) <u>40</u>		IF UNDER 1 YEAR <u>9</u> Months <u>17</u> Days	IF UNDER 2 HRS. <u>—</u> Hours <u>—</u> Min.
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>—</u>	11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>J. M. Brewer</u>		13b. MOTHER'S MAIDEN NAME <u>Fronie Martin</u>	14. NAME OF HUSBAND OR WIFE <u>J.T. Copous</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>J.T. Copous Lilbourn, Missouri</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> INTERVAL BETWEEN ONSET AND DEATH <u>1 day</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hypertension</u> DUE TO (c) <u>—</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? <u>331X</u> 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) (Min.)	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 <u>8-29</u> , 19 <u>51</u> , to <u>8-30</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>8-30</u> , 19 <u>51</u> , and that death occurred at <u>6:25 P.M.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>D. M. Larson</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Maebauce</u>	23c. DATE SIGNED <u>9-5-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Sept. 1 1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt. Glamor</u>	24d. LOCATION (City, town, or county) (State) <u>Collinwood, Tennessee</u>
DATE REC'D BY LOCAL REG. <u>9-8-51</u>	REGISTRAR'S SIGNATURE <u>Mrs. Colla Hunter</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Ponder Funeral Home, Lilbourn, Mo.</u>	

RECEIVED **SEP 10 1951**

SCOTT COUNTY HEALTH CENTER

CO. FILE NO. 951-197

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.....
Student Embalmer

Signed Homer L Ponder

Licensed Embalmer No. 3067

P. O. Address Lilbourn, 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.