

FILED DEC 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

36321

State File No.

BIRTH NO. _____ REG. DIST. NO. 25 PRIMARY REG. DIST. NO. 4036 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>BATES</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BATES</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u>	c. LENGTH OF STAY (in this place) <u>69 YRS.</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RICH HILL</u> <u>00711</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>102 E. OLIVE ST.</u>		d. STREET ADDRESS (If rural, give location) <u>102 E. OLIVE ST.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>HENRY</u> c. (Last) <u>COPELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>DEC. - 9-1951</u>		
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	8. DATE OF BIRTH <u>SEPT-10-1861</u>	9. AGE (In years last birthday) <u>90</u>	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>DRILLING CONTRACTOR DRILLING.</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>MISSOURI</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>THOMAS COPELAND</u>	13b. MOTHER'S MAIDEN NAME <u>UNKNOWN</u>	14. NAME OF HUSBAND OR WIFE <u>CYNTHIA COPELAND (DECEASED)</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 ADDRESS <u>Miss Zelma Copeland - Rich Hill, Mo.</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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>inst</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>Dead on arrival - 4201</u>	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)	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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 11 a. m., from the causes and on the date stated above.

23a. SIGNATURE <u>John G. Underwood</u> (Degree or title)	23b. ADDRESS <u>Bethlen Mo</u>	23c. DATE SIGNED <u>12-11-51</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>DEC-11-1951</u>	24c. NAME OF CEMETERY OR CREMATORY <u>GREEN LAWN CEM.</u>
24d. LOCATION (City, town, or county) (State) <u>RICH HILL, MISSOURI</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Rich Funeral Home Rich Hill, Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Dec. 12, 1951</u>	REGISTRAR'S SIGNATURE <u>Mr. Edward Douglas</u>	

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

70
1

RECEIVED ³ 12-19-51

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed 12-19-51

DEC 22 1952

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 Robert G. Steinbeck

Licensed Embalmer No. 4657

P. O. Address Butte, 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.