

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. 1208  
Registrar's No. 454

FILED FEB 9 1952 BIRTH NO. <u>42987-51</u> REG. DIST. NO. <u>149</u> PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>454</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Caldwell</u>	
b. CITY OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Hamilton</u>	
c. LENGTH OF STAY (In this place) <u>12 hrs</u>		d. STREET ADDRESS (If rural, give location) <u>R#3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Meray Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Joyce</u> b. (Middle) <u>Eileen</u> c. (Last) <u>Cope</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Jan 29 1952</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 15-1952</u>
9. AGE (In years last birthday) <u>6</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>	11. BIRTHPLACE (State or foreign country) <u>Hamilton, Missouri</u>
11. BIRTHPLACE (State or foreign country) <u>Hamilton, Missouri</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Roy Cope</u>	13b. MOTHER'S MAIDEN NAME <u>Joyce Waigart</u>	14. NAME OF HUSBAND OR WIFE <u>None</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Father Mr. Roy Cope</u> ADDRESS <u>Hamilton, Mo. R#3</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 INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart Failure</u>			
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital Heart Disease</u> <u>Pulmonary Stenosis + Patent Inter-Ventricular Septum</u>			
DUE TO (c)			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		754?	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input checked="" 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>Jan 28, 1952</u> , to <u>Jan 29, 1952</u> , that I last saw the deceased alive on <u>Jan 29, 1952</u> , and that death occurred at <u>6:30 Am.</u> , from the causes and on the date stated above.			
23a. SIGNATURE <u>Gerald E. Hughes MD</u> (Degree or title)		23b. ADDRESS <u>1107 Bryant Bldg.</u>	
23c. DATE SIGNED <u>1-29-52</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <u>1-29-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>-</u>	24d. LOCATION (City, town, or county) (State) <u>Cameron, Mo.</u>
DATE REC'D BY LOCAL REG. <u>1-29-52</u>	REGISTRAR'S SIGNATURE <u>Sheraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Poland Funeral Cameron, Mo.</u> ADDRESS	

(Licensed Embalmer's Statement on Reverse Side)

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

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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 B. Poland*

Licensed Embalmer No.

*4999*

P. O. Address

*Cameron 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.