

FILED APR 21 1952

STANDARD CERTIFICATE OF DEATH

State File No. 13384

0500
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

BIRTH NO. _____		REG. DIST. NO. <u>160</u>		PRIMARY REG. DIST. NO. <u>5592</u>		Registrar's No. <u>25</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)			
a. COUNTY <u>Jefferson</u>		b. CITY (If outside corporate limits, write RURAL and give township) <u>RURAL-TOACHIM</u>		a. STATE <u>MO</u>		b. COUNTY <u>Jefferson</u>	
c. LENGTH OF STAY (In this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hematite</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Hematite</u>		d. STREET ADDRESS (If rural, give location) <u>1500</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION _____		3. NAME OF DECEASED		4. DATE OF DEATH		5. SEX	
a. (First) <u>NANCY</u>		b. (Middle) <u>ELVEY</u>		c. (Last) <u>COPLIN</u>		(Month) (Day) (Year) <u>APRIL 6 1952</u>	
(Type or Print)		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>FEB. 28, 1883</u>	
9. AGE (In years last birthday) <u>69</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 _____		9. AGE (If under 1 year) Months <u>1</u> Days <u>8</u>	
10c. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		11. BIRTHPLACE (State or foreign country) <u>KENTUCKY</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13. FATHER'S NAME <u>GRINUP ROMINE</u>	
13b. MOTHER'S MAIDEN NAME. <u>SARAH JAMES</u>		14. NAME OF HUSBAND OR WIFE <u>JOHN S. COPLIN</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>Alveta A. Coplin</u>		ADDRESS <u>Hematite, MO.</u>		18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
18. CAUSE OF DEATH		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary heart disease</u>		INTERVAL BETWEEN ONSET AND DEATH <u>immediate</u>		II. OTHER SIGNIFICANT CONDITIONS	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerosis</u>		DUE TO (c) _____	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____		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 <u>July</u> , 19 <u>46</u> , to <u>4-6</u> , 19 <u>52</u> , that I last saw the deceased alive on <u>4-5</u> , 19 <u>52</u> , and that death occurred at <u>1:00 P. M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>B. H. D. Annell, M.D.</u>				23b. ADDRESS <u>Crystal City, MO</u>		23c. DATE SIGNED <u>4-7-52</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>APR. 8, 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>CHRISTIAN CEM.</u>		24d. LOCATION (City, town, or county) (State) <u>HEMATITE MO.</u>	
DATE REC'D BY LOCAL REG. <u>April 8, 1952</u>		REGISTRAR'S SIGNATURE <u>Georgy R. Polittle</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>H. Stinger</u>		ADDRESS <u>Hematite, MO.</u>	

444-0 (Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.
HILLSBORO, MISSOURI
DATE RECEIVED APR 14 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 James Comerford

Licensed Embalmer No. 4744

P. O. Address Crystal City, 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.