

APR 28 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15338

State File No.

BIRTH NO. _____ REG. DIST. NO. 338 PRIMARY REG. DIST. NO. 4501 Registrar's No. 16

1. PLACE OF DEATH a. COUNTY <u>Stoddard</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Stoddard</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u>	c. LENGTH OF STAY (in this place) <u>2 yr.</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Bloomfield</u> <u>1030</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Rosalie</u> b. (Middle) c. (Last) <u>Cope</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Apr. 24, 1952</u>
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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>MARCH 11, 1877</u>	9. AGE (In years last birthday) <u>75</u> If UNDER 1 YEAR: Months _____ Days _____ Hours _____ Min. _____ If UNDER 28 WKS. _____
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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>House Keeping</u>	11. BIRTHPLACE (State or foreign country) <u>Illinois</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
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13a. FATHER'S NAME <u>JOHN MITCHELL GREEN</u>	13b. MOTHER'S MAIDEN NAME <u>JANE MITCHELL</u>	14. NAME OF HUSBAND OR WIFE <u>Luther Cope</u>
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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>✓</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Luther Cope</u>	ADDRESS <u>Bloomfield Mo.</u>
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CEREBRAL HEMORRHAGE</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 DAYS</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ARTERIOSCLEROSIS</u>		<u>YRS.</u>
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>CHRONIC MYOCARDITIS</u>		<u>YRS.</u>

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 1942 to 4-24, 1952, that I last saw the deceased alive on 4-24, 1952, and that death occurred at 1102A. mo. from the causes and on the date stated above.

23a. SIGNATURE <u>Dr. J. D. Brownfield</u>	(Degree or title)	23b. ADDRESS <u>Bloomfield Mo.</u>	23c. DATE SIGNED <u>4-24-52</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>4-25-52</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Wood Lawn</u>	24d. LOCATION (City, town, or county) (State) <u>Terseville, Ill.</u>
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DATE REC'D BY LOCAL REG <u>April 25, 1952</u>	REGISTRAR'S SIGNATURE <u>Rose Weber</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Walter's Funeral Co.</u>	ADDRESS <u>Bloomfield Mo.</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1030

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 Walter Marsh Watkins

Licensed Embalmer No. 4717

P. O. Address Jexter, 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.