

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **29271**

FILED AUG 24 1953

BIRTH NO. _____ REG. DIST. NO. **195** PRIMARY REG. DIST. NO. **4305** Registrar's No. **71**

1. PLACE OF DEATH a. COUNTY McDonald		2. USUAL RESIDENCE (Where deceased lived. If Institution: residence before adjustment). a. STATE Missouri b. COUNTY McDonald	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Anderson	
c. LENGTH OF STAY (in this place) 10 years		d. STREET ADDRESS (If rural, give location) 0	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) Joel b. (Middle) R (Initial only) c. (Last) Copeland	4. DATE OF DEATH (Month) (Day) (Year) August 16-1953
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5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 5-1854	9. AGE (In years last birthday) 99	10. MONTHS 4	11. DAYS 11	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	10b. KIND OF BUSINESS OR INDUSTRY Farming	11. BIRTHPLACE (State or foreign country) Wathena, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Lass Copeland	13b. MOTHER'S MAIDEN NAME (Unknown)	14. NAME OF HUSBAND OR WIFE Anna Webb Copeland
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) None	16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Anna Webb Copeland	ADDRESS Anderson, Mo.
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cardiac decompensation ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Chronic Myocarditis DUE TO (c) Arteriosclerosis		INTERVAL BETWEEN ONSET AND DEATH 4 years 4 year year
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 4221	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)	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 1-1, 1949, to 8-16, 1953, that I last saw the deceased alive on 8-14, 1953, and that death occurred at 12:30 pm, from the causes and on the date stated above.

23a. SIGNATURE H. W. Blankenship M.D. (Degree or title)	23b. ADDRESS Anderson, Mo.	23c. DATE SIGNED 8-17-53
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE August 19-53	24c. NAME OF CEMETERY OR CREMATORY Anderson, Cemetery	24d. LOCATION (City, town, or county) (State) Anderson, Missouri
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DATE REC'D BY LOCAL REG. 8-21-53	REGISTRAR'S SIGNATURE Maple Humphrey	25. FUNERAL DIRECTOR'S SIGNATURE Tatum Funeral Home	ADDRESS Anderson, Mo.
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(Licensed Embalmer) (Statement on Reverse Side)

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

300
46
20

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

Earl Rapp

Licensed Embalmer No. *3458*

P. O. Address *Anderson, Missouri*

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.