

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

FILED APR 12 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 115 PRIMARY REG. DIST. NO. 4187 Registrar's No. 10

1. PLACE OF DEATH a. COUNTY <u>Franklin</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Missouri</u> b. CITY <u>Franklin</u>	
b. CITY OR TOWN <u>Union</u>		c. CITY OR TOWN <u>Union</u>	
c. LENGTH OF STAY (in this place)		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/> <u>0360</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>601 Church St</u>		e. STREET ADDRESS (If rural, give location) <u>601 Church St.</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Halvin</u> b. (Middle) <u>Adolph</u> c. (Last) <u>Copeland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>April 5th 1954</u>		
5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)	
8. DATE OF BIRTH <u>August 1st 1884</u>		9. AGE (Years last birthday) <u>71</u>		10. IF UNDER 1 YEAR: Months <u>8</u> Days <u>4</u> IF UNDER 4 HRS: Hours <u></u> Mins. <u></u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Shoe worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Shoe worker</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Vilna Mo.</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>					

13a. FATHER'S NAME <u>Albert Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>Jane Breeden</u>		14. NAME OF HUSBAND OR WIFE <u>Arigona Copeland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. <u></u>		17. INFORMANT'S SIGNATURE OR NAME <u>Toney Copeland</u> ADDRESS <u>Union, Mo.</u>	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION			INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Apoplexy</u>		DUE TO (b) <u>Arteriosclerotic Cardiovascular Disease</u>			<u>3 days</u>	
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		DUE TO (c) <u></u>			<u>2 yrs</u>	
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>4221</u>			20. AUTOPSY? YES <input 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 6-3, 1952, to 5-5, 1954, that I last saw the deceased alive on 5-3, 1954, and that death occurred at 3:20 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>B.A. Struhlman</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>Union, Mo.</u>		23c. DATE SIGNED <u>4-7-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/8/54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Union</u>	
24d. LOCATION (City, town, or county) (State) <u>Union, Mo.</u>					

DATE REC'D BY LOCAL REG. <u>April 7-1954</u>		REGISTRAR'S SIGNATURE <u>J. T. Cooper</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>E. F. Ottman</u> ADDRESS <u>Union, Mo.</u>	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

JAN 2 1957

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.....  
Signature of Student Embalmer

Signed..... *E. F. Oltram*.....

Licensed Embalmer No. *168*.....

P. O. Address *Union*.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.