

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

**21649**

State File No. ....

XC 882 502

REG# 117486

BIRTH NO. **FILED JUL 1 - 1954**

REG. DIST. NO. **317**

PRIMARY REG. DIST. NO. **500**

Registrar's No. **1298**

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

<b>I. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence, before admission)			
a. COUNTY <b>ST. LOUIS</b>		a. STATE <b>MISSOURI</b>		b. COUNTY <b>Pulaski</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>JEFFERSON BARRACKS, MO.</b>		c. CITY OR TOWN <b>SWEDEBORO</b>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. LENGTH OF STAY (in this place) <b>28 DAYS</b>		e. STREET ADDRESS (If rural, give location) <b>Rural</b>			
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <b>VETERANS ADMINISTRATION HOSPITAL</b>					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b> (Month) (Day) (Year)		
a. (First) <b>William</b>		b. (Middle) <b>P.</b>	c. (Last) <b>COPENING</b>		Date: <b>6-4-54</b>
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>MARRIED</b>	8. DATE OF BIRTH <b>8-10-96</b>	9. AGE (In years last birthday) <b>57</b>	10. F UNDER 1 YEAR Months
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>WR</b>	10b. KIND OF BUSINESS OR INDUSTRY <b>RAILROAD</b>	11. BIRTHPLACE (City and State or Foreign Country) <b>NIANGUA, MISSOURI</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>WILLIAM COPENING</b>		13b. MOTHER'S MAIDEN NAME <b>MATTIE WARD</b>		14. NAME OF HUSBAND OR WIFE <b>DOROTHY COPENING</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes or unknown) <b>YES</b>		16. SOCIAL SECURITY NO. <b>WW I 702 03 9681</b>	17. INFORMANT'S SIGNATURE OR NAME <b>VA HOSPITAL RECORDS, JEFF BRKS, MO.</b>		
18. CAUSE OF DEATH		<b>MEDICAL CERTIFICATION</b>			INTERVAL BETWEEN ONSET AND DEATH
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARCINOMA OF LUNGS</b>			
		ANTECEDENT CAUSES			
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____			
		DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS			
		Conditions contributing to the death but not related to the disease or condition causing death. <b>HEMIPLEGIA</b>			
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)		163X	
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 <b>5-7-54</b> , 19 <b>54</b> , to <b>6-4-54</b> , 19 <b>54</b> , and that death occurred at <b>3:15A</b> m., from the causes and on the date stated above.					
23a. SIGNATURE <b>Francis Taryvdas, M.D.</b>			23b. ADDRESS <b>VET ADM HOSP., JEFF BRKS, MO.</b>		23c. DATE SIGNED <b>6-4-54</b>
24a. BURIAL, CREMATION REMOVAL (Specify)	24b. DATE <b>* 6-4-54</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Local</b>		24d. LOCATION (City, town, or county) (State) <b>RICHLAND, MISSOURI</b>	
DATE REC'D BY LOCAL REG. <b>6/4/54</b>		REGISTRAR'S SIGNATURE <b>[Signature]</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Albert H. Hoppe, Inc.</b> ADDRESS <b>4700 Washington</b>	

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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..... Signed: *Eaton R. R. Rasmussen*  
Signature of Student Embalmer

Licensed Embalmer No. 4283

P. O. Address *St. Louis*

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.