

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **27007**

FILED AUG 23 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 144 PRIMARY REG. DIST. NO. 5562 Registrar's No. 37

1. PLACE OF DEATH a. COUNTY <u>Iron</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Iron</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Pilot Knob</u>		c. CITY OR TOWN <u>Pilot Knob</u>	
c. LENGTH OF STAY (in this place) <u>2 yrs</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>X</u>		e. STREET ADDRESS (If rural, give location) <u>X</u>	

3. NAME OF DECEASED (Type or Print) <u>William Henry Copeland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>8/12/54</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>Sept 29 1864</u>	9. AGE (In years last birthday) <u>89</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>X</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Tenn.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U S</u>

13a. FATHER'S NAME <u>Ambrose Copeland</u>	13b. MOTHER'S MAIDEN NAME <u>Elvira Davis</u>	14. NAME OF HUSBAND OR WIFE <u>Dora Stricklin</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>X</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Otto Copeland</u>	ADDRESS <u>Bixby 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.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>5 years</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary sclerosis</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) _____		
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>4201</u>	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) _____
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 7-1, 1954 to Aug 14, 1954, that I last saw the deceased alive on Aug 13, 1954, and that death occurred at 6:20 Pm., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Gas W. Huffman MD</u>	23b. ADDRESS <u>Prismant Mo</u>	23c. DATE SIGNED <u>8-14-54</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>burial</u>	24b. DATE <u>8/14/54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Neals Creek</u>	24d. LOCATION (City, town, or county) (State) <u>Bixby Mo</u>
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DATE REC'D BY LOCAL REG. <u>8/20/54</u>	REGISTRAR'S SIGNATURE <u>Mrs Aris Jones</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Carl H. Spencer</u>	ADDRESS <u>Bixby Mo</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

No. 300  
10.48

0470

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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.....  
Signature of Student Embalmer

Signed.....  
*Carl K. Spitzer*

Licensed Embalmer No. *237*

P. O. Address *Dallas*

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.