

FILED AUG 31 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 28357

BIRTH NO.

REG. DIST. NO. 238

PRIMARY REG. DIST. NO. 4345

Registrar's No. 33

1. PLACE OF DEATH a. COUNTY <u>New Madrid</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Boone</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>St. Matthews</u>		c. LENGTH OF STAY (In this place)	c. CITY OR TOWN <u>Steele</u>
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sells Boarding House</u>		e. STREET ADDRESS (If rural, give location) <u>0 7 1</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mary Elizabeth</u> b. (Middle) <u>Copeland</u> c. (Last) <u>Copeland</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>7-27-54</u>	
5. SEX <u>F</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED (EVER MARRIED, WIDOWED, DIVORCED (Specify)) <u>Widowed</u>	8. DATE OF BIRTH <u>5-2-1880</u>
9. AGE (In years last birthday) <u>74</u>		IF UNDER 1 YEAR Months <u>2</u> Days <u>25</u>	IF UNDER 24 HRS. Hours <u></u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House wife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Clifton Tenn</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>Wm Burroughs</u>	
13b. MOTHER'S MAIDEN NAME <u>Jennetta Crewe</u>		14. NAME OF HUSBAND OR WIFE	
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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Lillian Ratz</u>		ADDRESS <u>Steele Mo</u>	
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral apoplexy</u> INTERVAL BETWEEN ONSET AND DEATH <u>8 days</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertensive Cardiovascular disease</u> DUE TO (c) <u>Gen. arteriosclerosis</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	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		443 X	
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 <u>7/19</u> , 1954, to <u>7/19</u> , 1954, that I last saw the deceased alive on <u>July 19</u> , 1954, and that death occurred at <u>3 P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Wm. C. Critchlaw M.D.</u>		23b. ADDRESS <u>Sikeston, Mo</u>	
23c. DATE SIGNED <u>Aug 8, 1954</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Normal</u>	
24b. DATE <u>7-27-54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>St. Zion</u>	
24d. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Helena Loub Jones</u>	
DATE REC'D BY LOCAL REG. <u>8/17/54</u>		ADDRESS <u>Herman and Co. Steele Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10.48

**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.....  
*John W. German*

Licensed Embalmer No. *4351*

P. O. Address *Hayti, T.*

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.