

FILED SEP 21 1954

STANDARD CERTIFICATE OF DEATH

State File No. 32834

BIRTH NO. _____		REG. DIST. NO. <u>360</u>		PRIMARY REG. DIST. NO. <u>3076</u>		Registrar's No. <u>170</u>	
1. PLACE OF DEATH a. COUNTY <u>Wernake</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Wernake</u>			
b. CITY (If outside corporate limits, write RURAL and give town) <u>Nevada</u>		c. LENGTH OF STAY (in this place) (township) <u>45 yrs</u>		c. CITY OR TOWN <u>Nevada</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>Nevada City Hospital</u>				e. STREET ADDRESS (If rural, give location) <u>110 Highland 10820</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Edward</u> b. (Middle) <u>Melvin</u> c. (Last) <u>Copeland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 5 1954</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>March 13, 1877</u>	
9. AGE (in years last birthday) <u>77</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farming</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Retired</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Marion Co. Missouri</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Marion Francis Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Jane Boone</u>		14. NAME OF HUSBAND OR WIFE <u>Mrs. E. M. Copeland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. E. M. Copeland</u> ADDRESS <u>Nevada, Mo. 110 Highland</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 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>					INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>
ANTECEDENT CAUSES 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.					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>1201</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>1201</u>		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) _____ m.		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>9/2</u> ¹⁹⁵⁴ to <u>9/5</u> ¹⁹⁵⁴ , that I last saw the deceased alive on <u>9/4</u> ¹⁹⁵⁴ , and that death occurred at <u>2:00</u> ^{PM} m., from the causes and on the date stated above.							
23a. SIGNATURE <u>E. M. Morris M.D.</u>				23b. ADDRESS <u>Nevada, Mo.</u>		23c. DATE SIGNED <u>9/11/54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Sept 6, 1954</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Maize Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Nevada, Missouri</u>	
DATE REC'D BY LOCAL REG. <u>9-13-54</u>		REGISTRAR'S SIGNATURE <u>Anna E. Ferris</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry Funeral Home, Nevada, Mo.</u> ADDRESS _____			

(Licensed Embalmer's Statement on Reverse Side)

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

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.....
P. B. Ferry

Licensed Embalmer No. 1760

P. O. Address Nevada

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.