

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

34873

State File No. ....

FILED OCT 19 1954

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 5942 Registrar's No. 188

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural Northwe...Rolla</u>		c. CITY OR TOWN <u>Northweye (Rural)</u>	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) <u>14 Yrs</u>		e. STREET ADDRESS (If rural, give location) <u>Route 2 Rolla</u>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Route No. 2 Rolla</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>OLLIE</u> b. (Middle) <u>LEE</u> c. (Last) <u>COPELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct. 11, 1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Mar. 24, 1880</u>	9. AGE (In years) (last birthday) <u>74</u>	IF UNDER 1 YEAR Months _____ Days _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Domestic</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Steens Prairie Mo.,</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>

13a. FATHER'S NAME <u>Andrew J. Hutchison</u>		13b. MOTHER'S MAIDEN NAME <u>Martha Crain</u>		14. NAME OF HUSBAND OR WIFE <u>Robert M. Copeland</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> <u>XX</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Robert M. Copeland, Northweye, 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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Inanition, Cardio-Renal Syndrome</u>		<u>1 Mo.</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Poor recovery following 4 heavy major surgeries.</u> DUE TO (c) _____		<u>11 Mo.</u>
II. OTHER SIGNIFICANT CONDITIONS. Conditions contributing to the death but not related to the disease or condition causing death. <u>Thrombophlebitis</u>		<u>12 Mo</u>	

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)
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 Nov 1953, to Oct 11, 1954, that I last saw the deceased alive on OCT 11, 1954, and that death occurred at 8:15 P.M., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>R.N. Giam MD</u>	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>10/13/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Oct. 13, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Hickory Grove</u>
24d. LOCATION (City, town, or county) (State) <u>Near; Vichy, Maries MO</u>		

DATE REC'D BY LOCAL REG. <u>Oct. 13, 1954</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Null &amp; Sons Funeral Home By Paul E. Null Rolla</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

0810

No. 300  
10.48

Date Filed \_\_\_\_\_

**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..... *Paul E. N...*

Licensed Embalmer No. *449*

P. O. Address..... *Polla,*

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.