

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

**34919**

State File No. \_\_\_\_\_

**FILED NOV 9 - 1954**

BIRTH NO. _____		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4431</u>		Registrar's No. <u>125</u>			
<b>1. PLACE OF DEATH</b>				<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).					
a. COUNTY <u>Pulaski</u>		b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>		a. STATE <u>Missouri</u>		b. COUNTY <u>Pulaski</u>			
c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Dixon</u>		d. STREET ADDRESS (If rural, give location) <u>0850</u>					
d. FULL NAME OF HOSPITAL OR INSTITUTION _____				d. STREET ADDRESS (If rural, give location) _____					
<b>3. NAME OF DECEASED</b>			<b>4. DATE OF DEATH</b>						
a. (First) <u>Lewis</u>	b. (Middle) <u>Franklin</u>	c. (Last) <u>Copeland</u>	(Month) <u>11</u>	(Day) <u>4</u>	(Year) <u>1954</u>				
(Type or Print)									
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>7/21/1911</u>		<b>9. AGE</b> (In years last birthday) <u>43</u>	IF UNDER 1 YEAR <u>3</u> Months	IF UNDER 12 HOURS <u>13</u> Days	IF UNDER 24 HOURS _____ Min.	
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Engineer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Refrigeration</u>		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Maries County, Missouri</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>		O	
<b>13a. FATHER'S NAME</b> <u>Bavless M. Copeland</u>			<b>13b. MOTHER'S MAIDEN NAME</b> <u>Fannie Mae Henderson</u>			<b>14. NAME OF HUSBAND OR WIFE</b> <u>Mrs. Lewis Copeland</u>			
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>No</u>		<b>16. SOCIAL SECURITY NO.</b> (If you, give war or dates of service) <u>X</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Mrs. Lewis Copeland, Dixon, Missouri</u>		<b>ADDRESS</b>			
		<u>495-09-0045</u>							
<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)				<b>MEDICAL CERTIFICATION</b>				<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>5 hours</u>	
				<b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <u>Coronary thrombosis</u>					
				<b>ANTECEDENT CAUSES</b>					
				*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.					
				Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.					
				DUE TO (b) <u>Myocardial infarction</u>					
				DUE TO (c) _____					
				<b>II. OTHER SIGNIFICANT CONDITIONS</b>					
				Conditions contributing to the death but not related to the disease or condition causing death.					
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>4201</u>						<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>	
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)		<b>21c. (CITY, TOWN, OR TOWNSHIP)</b>		<b>(COUNTY)</b>		<b>(STATE)</b>	
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____		<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		<b>21f. HOW DID INJURY OCCUR?</b>					
<b>22. I hereby certify that I attended the deceased from</b> <u>Nov. 4, 1954</u> , to <u>Nov. 4, 1954</u> , that I last saw the deceased alive on <u>Nov. 4, 1954</u> , and that death occurred at <u>10:45 P. m.</u> , from the causes and on the date stated above.									
<b>23a. SIGNATURE</b> <u>Dr. K. W. Michigan</u>				<b>(Degree or title)</b> <u>D.O.</u>		<b>23b. ADDRESS</b> <u>Dixon, Mo.</u>		<b>23c. DATE SIGNED</b> <u>5/Nov. 54</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>		<b>24b. DATE</b> <u>11/7/1954</u>		<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Dixon Cemetery</u>		<b>24d. LOCATION</b> (City, town, or county) <u>Dixon, Missouri</u>		<b>(State)</b>	
<b>DATE REC'D BY LOCAL REG.</b> <u>11-6-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>[Signature]</u>		<b>458</b>		<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Fred H. Gilbert, Dixon, Missouri</u>		<b>ADDRESS</b>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300  
10-48

RECEIVED 11-6-54  
PUBLIC HEALTH OFFICE  
Date Filed 11-6-54  
File Number

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 \_\_\_\_\_

11/4-1954

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed *Fred C. Gilman*

Licensed Embalmer No. \_\_\_\_\_

P. O. Address Dixon, Missouri

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 this body is not embalmed, fact should be so stated above.