

FILED FEB 7 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1034

BIRTH NO. _____		REG. DIST. NO. <u>141</u>		PRIMARY REG. DIST. NO. <u>5551</u>		Registrar's No. <u>85</u>	
1. PLACE OF DEATH a. COUNTY <u>Deerfeld</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Havel</u>			
b. CITY OR TOWN <u>West Plains</u>		c. LENGTH OF STAY (in this place) <u>10 yrs</u>		c. CITY OR TOWN <u>West Plains</u> <u>0461</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Rural</u>				d. STREET ADDRESS (If rural, give location) <u>Summers Rte</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Harl</u> b. (Middle) <u>Leonard</u> c. (Last) <u>Copeland</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>1-23-55</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>M</u>		8. DATE OF BIRTH <u>10/23/1906</u>	
9. AGE (In years last birthday) <u>48</u>		10. UNDER 1 YEAR <u>30</u>		11. UNDER 18 HRS. <u>0</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Presser</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Cleaning Est.</u>		11. BIRTHPLACE (State or foreign country) <u>Salmege, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
13a. FATHER'S NAME <u>Leonard Copeland</u>			13b. MOTHER'S MAIDEN NAME <u>Beatrice J. Hulletton</u>		14. NAME OF HUSBAND OR WIFE <u>Fra Copeland</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>500-01-6116</u>		17. INFORMANT'S SIGNATURE OR NAME (Address) <u>Fra Copeland West Plains 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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Myocardial Infarction</u> ANTECEDENT CAUSES DUE TO (b) <u>Coronary occlusion</u> DUE TO (c) <u>Coronary embolus</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Preexisting myocardial ischemia due to previous myocardial infarction</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Minutes</u> <u>6 mos.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>4201</u>					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) (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>August</u> , 19 <u>54</u> , to <u>January</u> , 19 <u>55</u> , that I last saw the deceased alive on <u>January 5</u> , 19 <u>55</u> , and that death occurred at <u>10:00 A.M.</u> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>M. L. Fowler MD</u>			23b. ADDRESS <u>314 Broadway West Plains Mo.</u>		23c. DATE SIGNED <u>Jan. 26, 55</u>		
24a. BURIAL, CREMATION, REINTERMENT (Specify)		24b. DATE <u>1/26-55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Lawn</u>		24d. LOCATION (City, town, or county) (State) <u>West Plains Mo</u>	
DATE REC'D BY LOCAL REG. <u>2-3-55</u>		REGISTRAR'S SIGNATURE <u>Beatrice Cook</u>		25. FUNERAL DIRECTOR'S SIGNATURE (Address) <u>Robert M. Matthews No</u>			

(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
Student Embalmer

Signed

H. A. Robertson

Licensed Embalmer No. *3437*

P. O. Address *West Plains*

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.