

FILED JAN 9 1956

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41147

State File No. ....

 BIRTH NO. 124 REG. DIST. NO. 163 PRIMARY REG. DIST. NO. 5596 Registrar's No. 66

1. PLACE OF DEATH a. COUNTY <u>JEFFERSON</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>JEFF.</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO RURAL VALLE</u>		c. LENGTH OF STAY (in this place) <u>8 YRS</u>	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>DE SOTO RURAL (VALLE)</u>		500 050
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>5 Mi S. of De Soto MT. OLIVE</u>			d. STREET ADDRESS (If rural, give location) <u>5 Mi S. of De Soto MT. OLIVE</u>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>BONITA</u> b. (Middle) <u>LEE</u> c. (Last) <u>COPELAND</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Dec 25 1955</u>		
5. SEX <u>F</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>NEVER MARRIED</u>	8. DATE OF BIRTH <u>FEB. 6, 1947</u>	9. AGE (In years last birthday) <u>8</u>	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>De Soto Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>

13a. FATHER'S NAME <u>MILFERDA COPELAND</u>	13b. MOTHER'S MAIDEN NAME <u>VIDA WILSON</u>	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.	17. INFORMANT'S SIGNATURE OR NAME <u>M.A. COPELAND</u> ADDRESS <u>De Soto Rt. #3 Mo.</u>
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia, right lung</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) <u>491X</u>		<u>2 1/2 hours</u>
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Mental deficiency, with atrophic spastic paraplegia, cause undetermined</u>		<u>2 or 3 years</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 Dec. 24, 1955 to Dec. 25, 1955 that I last saw the deceased alive on Dec. 24, 1955, and that death occurred at 3:30 am., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Thomas A. Donnell, M.D.</u>	23b. ADDRESS <u>De Soto, Mo.</u>	23c. DATE SIGNED <u>12-28-55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>Dec 27 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>WOODLAWN CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>De Soto Mo.</u>
DATE REC'D BY LOCAL REG. <u>12-30-55</u>	REGISTRAR'S SIGNATURE <u>Marie Harris</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Donnell B. Donnell</u>	ADDRESS <u>De Soto Mo.</u>

(Licensed Embalmer's Statement on Reverse Side)

JEFFERSON COUNTY HEALTH DEPT.  
HILLSBORO, MISSOURI

DATE RECEIVED

JAN 3 1956

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 Donnell B. Dietz

Licensed Embalmer No. 47104

P. O. Address Leeds, Mo

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.