

FILED MAR 20 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **10173**

BIRTH NO. _____ REG. DIST. NO. 292 PRIMARY REG. DIST. NO. 1424 Registrar's No. 31

| | | | |
|--|--|--|---|
| 1. PLACE OF DEATH a. COUNTY Polk | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Polk | |
| b. CITY (If outside corporate limits, write RURAL and give township) Humansville | | c. LENGTH OF STAY (in this place) 20 yrs | d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION | | e. STREET ADDRESS (If rural, give location) 0540 | |

| | | | | | |
|--|-----------------------------|--|---|--|--|
| 3. NAME OF DECEASED (Type or Print) | | | 4. DATE OF DEATH (Month) (Day) (Year) | | |
| a. (First) Clara | b. (Middle) Victoria | c. (Last) Copeland | 3-11-56 | | |
| 5. SEX Fe | 6. COLOR OR RACE W | 7. MARRIED, NEVER MARRIED, <input checked="" type="checkbox"/> WIDOWED, DIVORCED (Specify) | 8. DATE OF BIRTH 2-7-69 | | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife | | 10b. KIND OF BUSINESS OR INDUSTRY - | 9. AGE (In years last birthday) 87 | | IF UNDER 1 YEAR Months Days IF UNDER 2 HRS. Hours Min. |

| | | | |
|---|--|--|--|
| 11. BIRTHPLACE (City and State or Foreign Country) Cedar County Missouri | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
|---|--|--|--|

| | | |
|--|--|---|
| 13a. FATHER'S NAME Alexander Burchett | 13b. MOTHER'S MAIDEN NAME Elizabeth Sampsel | 14. NAME OF HUSBAND OR WIFE Oliver W. Copeland |
|--|--|---|

| | | |
|---|----------------------------------|---|
| 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 O. W. Putnam ADDRESS Excelsior Springs, Mo. |
|---|----------------------------------|---|

| | | | |
|---|--|--|----------------------------------|
| 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) Compensated Circulatory Failure | | |
| | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Decompensated Hypertensive Heart Disease DUE TO (c) Atherosclerosis | | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Scurvy | | | |

| | | |
|------------------------|----------------------------------|--|
| 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) | 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 Apr 9, 1956, to March 11, 1956, that I last saw the deceased alive on March 4, 1956, and that death occurred at 6:30A m., from the causes and on the date stated above.

| | | |
|--|--------------------------------------|---------------------------------|
| 23a. SIGNATURE R. W. Putnam, M.D. (Degree or title) | 23b. ADDRESS Humansville, Mo. | 23c. DATE SIGNED 3-12-56 |
|--|--------------------------------------|---------------------------------|

| | | | |
|---|--------------------------|--|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE 3-14-56 | 24c. NAME OF CEMETERY OR CREMATORY Humansville Cemetery | 24d. LOCATION (City, town, or county) (State) Humansville, Missouri |
|---|--------------------------|--|--|

| | | |
|---|--|--|
| DATE REC'D BY LOCAL REG. 3-17-1956 | REGISTRAR'S SIGNATURE Ralph Gardner | 25. FUNERAL DIRECTOR'S SIGNATURE Beckwith Funeral Home ADDRESS Humansville |
|---|--|--|

(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..... *O. H. Beckwith*

Licensed Embalmer No. *39*

P. O. Address *Herman*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING.
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.