

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

14015

State File No.

FILED MAY 3 1956

BIRTH NO. _____ REG. DIST. NO. 209 PRIMARY REG. DIST. NO. 3043 Registrar's No. 148

| | | | |
|--|----------------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Marion | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Marion | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hannibal | | c. CITY OR TOWN Palmyra | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION St. Elizabeth Hospital | | e. STREET ADDRESS (If rural, give location) 0641 | |
| 3. NAME OF DECEASED (Type or Print) a. (First) Arthur b. (Middle) Granville c. (Last) Copenhaver | | | 4. DATE OF DEATH (Month) (Day) (Year) April 22, 1956 |
| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed | 8. DATE OF BIRTH September 19, 1871 |
| 9. AGE (In years last birthday) 84 | | 10. MONTHS 9 | 11. YEARS 3 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer | | 10b. KIND OF BUSINESS OR INDUSTRY Retired | 11. BIRTHPLACE (City and State or Foreign Country) Shelbyville Missouri |
| 12. CITIZEN OF WHAT COUNTRY? U S A | | 13a. FATHER'S NAME Levi Copenhaver | |
| 13b. MOTHER'S MAIDEN NAME Ann Schouse | | 14. NAME OF HUSBAND OR WIFE Lily Spencer Copenhaver (dec) | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No None | | 16. SOCIAL SECURITY NO. None | |
| 17. INFORMANT'S SIGNATURE OR NAME ADDRESS A.L. Copenhaver, Palmyra Missouri | | | |
| 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, assthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hemorrhage from gastric ulcer INTERVAL BETWEEN ONSET AND DEATH 1 day | |
| II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | DUE TO (b) _____ DUE TO (c) _____ | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION 5400 | |
| 20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input 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 <u>21 April, 1956</u> , to <u>22 April, 1956</u> , that I last saw the deceased alive on <u>22 April, 1956</u> , and that death occurred at <u>8:15 A. M.</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE Wyatt Hamlin M.D. | | 23b. ADDRESS Palmyra Mo. | |
| 23c. DATE SIGNED 25 April 1956 | | 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | |
| 24b. DATE 4/24/1956 | | 24c. NAME OF CEMETERY OR CREMATORY I O O F Cemetery | |
| 24d. LOCATION (City, town, or county) (State) Shelbyville Missouri | | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Hannibal Missouri | |
| DATE REC'D BY LOCAL REG. 4/27/56 | | REGISTRAR'S SIGNATURE W. E. M. Locke | |

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

(Licensed Embalmer's Statement on Reverse Side)

APR 30 1956

RECEIVED

MARION CO. HEALTH DEPT,

APR 30 1956

DATE FILED

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emb

by me, or by, Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *H Crawford Smith*

Licensed Embalmer No.. 381

P. O. Address Hannibal Miss

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