

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

40774
STATE FILE NUMBER

FILED JAN 8 1957

Registration District No. 47 Primary Registration District No. 3008 Registrar's No. 346

1. PLACE OF DEATH a. COUNTY CALLAWAY			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY PIKE		
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN FULTON		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN BOWLING GREEN		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION STATE HOSPITAL #1		Length of stay in 1b 11 DAYS	d. STREET ADDRESS ----- (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) GEORGE COPELAND			4. DATE OF DEATH Dec. 31, 1956		
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH 9-27-83	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) UNKNOWN		10b. KIND OF BUSINESS OR INDUSTRY UNKNOWN	11. BIRTHPLACE (City and state or country) RUSHVILLE, ILLINOIS	12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13. FATHER'S NAME THOMAS COPELAND			14. MOTHER'S MAIDEN NAME NAOMI DENNIS		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) UNKNOWN		16. SOCIAL SECURITY NO. UNKNOWN	17. INFORMANT STATE HOSPITAL #1, FULTON, MISSOURI		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) ARTERIOSCLEROTIC HEART DISEASE DUE TO (b) PULMONARY EMPHYSEMA DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 4200
20a. ACCIDENT <input type="checkbox"/>	SUICIDE <input type="checkbox"/>	HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)		
20c. TIME OF INJURY	Hour Month, Day, Year				
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION	COUNTY	STATE	
21. X STATE HOSPITAL, FULTON, MO. DEC. 20, 1956 to DEC. 31, 1956 Death occurred at 12:55 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. J. CREMER, M.D.			22b. ADDRESS STATE HOSPITAL #1, FULTON, MO.		22c. DATE SIGNED 1-2-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 1-2-57	23c. NAME OF CEMETERY OR CREMATORY anatomical	23d. LOCATION (City, town, or county) Columbia	(State) MO	
24. FUNERAL DIRECTOR J. O. Roberts		ADDRESS Columbia, MO	25. DATE RECD. BY LOCAL REG. Jan. 2-1956	26. REGISTRAR'S SIGNATURE Marjette Lawrence	

Health, Welfare, Public Service
300-56
All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.
USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
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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.....

Licensed Embalmer No.....

P. O. Address

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.