

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12266

STATE FILE NUMBER

Health,
& Welfare
Public
Service

S. 300
1-56

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. 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

FILED MAY 15 1957
XC-114 10 73
REG. # 14226

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 342

1. PLACE OF DEATH a. COUNTY BUTLER		2. USUAL RESIDENCE (Where deceased lived: If institution: Residence before admission) a. STATE MISSOURI b. COUNTY MISSISSIPPI	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN POPLAR BLUFF		c. CITY OR TOWN WYATT	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VETERANS ADM. HOSPITAL		Length of stay in 1b 2 DAYS	
d. STREET ADDRESS NONE		(If outside, give location) Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First MIDDLE Last JESSE (NMI) COPELAND			4. DATE OF DEATH Month Day Year MAY 5, 1957
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 5-25-94
9. AGE (In years low birthday) 62		IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FARMER		10b. KIND OF BUSINESS OR INDUSTRY AGRICULTURE	11. BIRTHPLACE (City and state or country) GRAVES COUNTY, TENN.
12. CITIZEN OF WHAT COUNTRY? USA		13. FATHER'S NAME LANE COPELAND	
14. MOTHER'S MAIDEN NAME ELIZABETH STINNET		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WWI	
16. SOCIAL SECURITY NO. 493269849		17. INFORMANT Address VA HOSPITAL RECORDS, POPLAR BLUFF, MO.	
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 AND CORONARY ARTERY HEART DISEASE. a. Aortic Stenosis & insufficiency secondary to arteriosclerosis. Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) b. Insufficiency of left & right coronary arteries secondary to arteriosclerosis with anterior wall DUE TO (c) c. Compensated, class IIIB. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RECORDED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I: myocardial infarction & posterior wall acute coronary insufficiency, normal sinus rhythm.			INTERVAL BETWEEN ONSET AND DEATH 4200
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2		20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	
20b. TIME OF INJURY		20c. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from May 3, 1957 to May 5, 1957 Death occurred at 735 AM m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE E. D. BASKETT, M.D., Chief, Medical Svc., VA HOSP., POPLAR BLUFF, MO.		22b. ADDRESS VA HOSP., POPLAR BLUFF, MO.	
22c. DATE SIGNED 5-6-57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
23b. DATE 5/7/1957		23c. NAME OF CEMETERY OR CREMATORY Oak Grove Cemetery	
23d. LOCATION (City, town, or county) Charleston, Mo.		(State)	
24. FUNERAL DIRECTOR THE NUNNELEE FUNERAL CHAPEL, Charleston, Mo.		25. DATE RECD. BY LOCAL REG. 5/10/57	
26. REGISTRAR'S SIGNATURE		27. REGISTRAR'S SIGNATURE	

(Licensed Embalmer's Statement on Reverse Side)

BY OF ALL-CA
SSSIE

RECEIVED
MAY 13 1989

BUTLER CO. HEALTH CENTER
FILE No. _____

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: *John G. Munnell, Jr.*
Licensed Embalmer No. **3851**

P. O. Address *Charleston*

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.