

FILED AUG 13 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER

23403

Registration District No. 2 Primary Registration District No. 5019 Registrar's No. 44

1. PLACE OF DEATH a. COUNTY Andrew				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Gentry			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Savannah		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN King City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> 0880	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION SHADY LAWN R.H.			Length of stay in 1b 1 1/2 yrs	d. STREET ADDRESS (If outside, give location) —			Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) ALBERT ROSE COPELAND			First	Middle	Last	4. DATE OF DEATH Month July Day 28 Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH March 7, 1879		9. AGE (In years last birthday) 78	IF UNDER 1 YEAR Months — Days —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer & Mail Carrier	10b. KIND OF BUSINESS OR INDUSTRY Farm and US Mail		11. BIRTHPLACE (City and state or country) King City, Missouri			12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME JAMES MORRISON COPELAND				14. MOTHER'S MAIDEN NAME MARY CALDWELL			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. NONE		17. INFORMANT Address MRS. E. H. NEAL STANBERRY, 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) Cerebrovascular Accident							INTERVAL BETWEEN ONSET AND DEATH 30 mins
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Cerebral Concussion		DUE TO (c) Generalized Arteriosclerosis		30 mins	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)							AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input checked="" 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.) Fell 9 feet & landed on concrete. 202						
20c. TIME OF INJURY Hour 10:15 Month 7 Day 28 Year 57 p. m.		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) Right Home		20f. CITY, TOWN, OR LOCATION Savannah Andrew Mo.	
21. I attended the deceased from 7-14-56 to 7-28-57 and last saw him alive on 7-28-57 Death occurred at 10:45 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Walter C. Baber MD				22b. ADDRESS Savannah, Mo.		22c. DATE SIGNED 7-31-57	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE July 28, 1957	23c. NAME OF CEMETERY OR CREMATORY King City Cemetery		23d. LOCATION (City, town, or county) (State) King City, Missouri			
24. FUNERAL DIRECTOR Johnson Funeral Home, Stanberry, Mo.			25. DATE RECD. BY LOCAL REG. 8-9-57		26. REGISTRAR'S SIGNATURE Lillian Spark		

(Licensed Embalmer's Statement on Reverse Side)

1th,
alfare
lic
vic00
56

diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

-0

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 *Ross Evan Johnson*

Licensed Embalmer No. *497*

P. O. Address *Stanhope*

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.