THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

STATE FILE NUMBER 31785

FILED SEP 24 1957

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4129

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION VA Hospital — Length of stay in this place: ~~26 yrs~~ 56 days

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Missouri b. COUNTY Jackson
c. CITY OR TOWN Raytown — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS 5525 Crescent (If outside, give location) — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print): First CLAUDE Middle EUGENE Last COPELAND

4. DATE OF DEATH Month September Day 1 Year 1957

5. SEX Male

6. COLOR OR RACE White

7. MARRIED ☒ NEVER MARRIED ☐ WIDOWED ☐ DIVORCED ☐

8. DATE OF BIRTH 1-1-14

9. AGE (In years last birthday) 43 — IF UNDER 1 YEAR: Months, Days — IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Carpenter

10b. KIND OF BUSINESS OR INDUSTRY Construction

11. BIRTHPLACE (City and state or country) Juanita, Nebraska

12. CITIZEN OF WHAT COUNTRY? USA

13. FATHER'S NAME Chesley W. Copeland

14. MOTHER'S MAIDEN NAME Kathleen Ferguson

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) Yes (If yes, give war or dates of service) WW II

16. SOCIAL SECURITY NO. 495 09 9091

17. INFORMANT Address VA Hospital Kansas City, Missouri

MEDICAL CERTIFICATION

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] — INTERVAL BETWEEN ONSET AND DEATH

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a) Severe congestion, edema, interstitial hemorrhage, lungs.

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

DUE TO (b) Hemorrhagic diathesis

DUE TO (c) Aplasia, bone marrow — 1997

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)

19. WAS AUTOPSY PERFORMED? YES ☒ NO ☐

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)

20c. TIME OF INJURY Hour a. m. p. m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. VA I attended the deceased from July 6, 1957 to Sept. 1, 1957

Death occurred at 11:50 pm on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE A. J. Williams (Degree or title) M.D.

22b. ADDRESS VA Hospital, Kansas City, Mo.

22c. DATE SIGNED 9-2-57

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 9-4-57

23c. NAME OF CEMETERY OR CREMATORY Memorial Park

23d. LOCATION (City, town, or county) (State) Kansas City, Missouri

24. FUNERAL DIRECTOR D. W. Newcomer's Sons — ADDRESS K.C., Mo.

25. DATE RECD. BY LOCAL REG. 9-4-57

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

A.J. Williams

STATEMENT BY LICENSED EMBALMER

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

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

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Basil V. Hone

Licensed Embalmer No. 47

P. O. Address K.C.,

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.