

FILED FEB 24 1958

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-008635

STATE FILE NUMBER

Registration District No. 375 Primary Registration District No. 455-3 Registrar's No. 8

1. PLACE OF DEATH a. COUNTY <u>WRIGHT</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>MO.</u> b. COUNTY <u>WEBSTER</u>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>MANSFIELD</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>SEYMOUR</u> <u>1120</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>MANSFIELD HOSP'</u>		Length of stay in 1b <u>9 DAYS</u>		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)				4. DATE OF DEATH		Month Day Year	
<u>JESSIE</u> <u>WILLIE</u> <u>COPLEY</u>				<u>1-21-58</u>			
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <u>SEPT. 20, 1886</u>	
9. AGE (In years last birthday) <u>71</u>		10. IF UNDER 1 YEAR Months Days Hours Min.		10. IF UNDER 24 HRS. Hours Min.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>FARMER RETIRED</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>FARMING</u>		11. BIRTHPLACE (City and state or country) <u>WEBSTER CO. MO.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13. FATHER'S NAME <u>JESSE COPLEY</u>				14. MOTHER'S MAIDEN NAME <u>SARAH V. DAVIDSON</u>			
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES</u> <u>WORLD WAR I</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT Address <u>MRS. LAURA MILLER SEYMOUR, MO.</u>			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cerebral hemorrhage</u>						INTERVAL BETWEEN ONSET AND DEATH <u>8 Days</u>	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____							
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? <u>331X</u> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/>		SUICIDE <input type="checkbox"/>		HOMICIDE <input type="checkbox"/>		200. 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. _____		20d. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>							
21. I attended the deceased from <u>1-13-58</u> to <u>1-21-58</u> and last saw her/him alive on <u>1-21-58</u> Death occurred at <u>6:30 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) <u>Marj Miller</u>				22b. ADDRESS <u>Mansfield Mo</u>		22c. DATE SIGNED <u>1-24-58</u>	
23a. BURIAL, CREMATION, REMOVAL (Specify)		23b. DATE <u>JAN 24, 1958</u>		23c. NAME OF CEMETERY OR CREMATORY <u>STAR CEMETERY</u>		23d. LOCATION (City, town, or county) (State) <u>WEBSTER Co. MO.</u>	
24. FUNERAL DIRECTOR <u>Marj Miller Mansfield Mo.</u>				25. DATE RECD. BY LOCAL REG. <u>2/10/58</u>		26. REGISTRAR'S SIGNATURE <u>Stan Ruckey</u>	

(Licensed Embalmer's Statement on Reverse Side)

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE. Coroner cannot certify to a death due to natural causes. Doctor, coroner, etc. must use only standard non-removable diseases in Part I must be casually related.

MEDICAL CERTIFICATION

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56th,  
ffare  
lic  
vice

FEB 25 1958

2/19/58  
HEALTH DEPT.  
Number 238-17  
Date Filed 2/21/58

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 *Max J Miller*

Licensed Embalmer No. *47*

P. O. Address *Manajul*

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.