

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018097

STATE FILE NUMBER

2269

FILED MAY 23 1958

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

S. 300
1-57

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

F. C. Werner

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Clay	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN No. Kansas City 6001
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Luth. Hosp.		Length of stay in lb 1 MONTH	d. STREET ADDRESS (If outside, give location) 2601 Buchanan St.
3. NAME OF DECEASED (Type or print) First Mabel Middle A. Last Copeland		4. DATE OF DEATH Month May Day 2 Year 1958	
5. SEX Female	6. COLOR OR RACE Caucasion	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH October 20, 1888
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OPERATOR		10b. KIND OF BUSINESS OR INDUSTRY MEAT & GROCERY	11. BIRTHPLACE (City and state or country) CALHOUN, NEBRASKA
13a. FATHER'S NAME GEORGE WASHINGTON ENGLISH		13b. MOTHER'S MAIDEN NAME DRISCIILLA JANE HALL	14. NAME OF HUSBAND OR WIFE CHARLES S. COPELAND
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, <input type="checkbox"/> No, <input checked="" type="checkbox"/> unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. 487-12-1793	17. INFORMANT Mrs. DAVID E. M'CURDY Address 3608 E. 49th TERR. NORTH KANSAS CITY, 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) Carcinoma toxis Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma of Stomach DUE TO (c) 151x 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 18 mo? 151x
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 _____ a.m. _____ p.m. Month, Day, Year _____		20d. INJURY OCCURRED WHILE AT <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. I attended the deceased from 3-14-58 to 5-2-58 and last saw her/him alive on 5-2-58 Death occurred at 10:45 A. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE F. C. Werner M.D. (Degree or title)		22b. ADDRESS 1906 Erie - North Kansas City, Mo.	22c. DATE SIGNED 5-2-58
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	23b. DATE MAY 5-1958	23c. NAME OF CEMETERY OR CREMATORY MT. MORIAH CEMETERY	23d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI
24. FUNERAL DIRECTOR D.W. Newcomer's Sons-Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 5-5-58	26. REGISTRAR'S SIGNATURE neva minshall



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 *Chester P. Brown*

Licensed Embalmer No. *4931*

P. O. Address *K.E. Ma*

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.