

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021846

STATE FILE NUMBER

3101

FILED JUL 14 1958

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

300  
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON	
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 KANSAS CITY
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 1112 W. 77 <sup>th</sup> TERR		Length of stay in 1b 15 YEARS	d. STREET ADDRESS (If outside, give location) 1112 W. 77 <sup>th</sup> TERR
3. NAME OF DECEASED (Type or print) First Middle Last RAY M COPELAND			4. DATE OF DEATH Month Day Year JUNE 21 1958
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 OCT. 15-1889
9. AGE (In years last birthday) 68		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) RETIRED BRANCH MGR.		10b. KIND OF BUSINESS OR INDUSTRY PARAMOUNT FILM DISTRIBUTING CO.	11. BIRTHPLACE (City and state or country) ATC HISON COUNTY, MO.
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME JOSEPH COPELAND	
13b. MOTHER'S MAIDEN NAME SALLY NICHOL		14. NAME OF HUSBAND OR WIFE MRS. ANN COPELAND	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES WW I		16. SOCIAL SECURITY NO. 478-01-8878	17. INFORMANT MRS. ANN COPELAND Address
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial infarction Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Coronary thrombosis DUE TO (c) Atherosclerosis			INTERVAL BETWEEN ONSET AND DEATH 36 hrs. 36 hrs.
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 <input type="checkbox"/> NO <input checked="" type="checkbox"/> 4201 2
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 .Month, Day, Year a.m. p.m.		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		COUNTY	STATE
21. I attended the deceased from 6-21-58, to 6-21-58 and last saw her alive on 6-21-58. Death occurred at 7:25 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE (Degree or title) William Louis Mundy M.D.	
22b. ADDRESS 1103 Grand.		22c. DATE SIGNED 6-23-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE JUNE 24, 1958	23c. NAME OF CEMETERY OR CREMATORY TARKIO CEMETERY
23d. LOCATION (City, town, or county) TARKIO		(State) MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER'S SONS K.C. MO.		25. DATE RECD. BY LOCAL REG. 6-23-58	26. REGISTRAR'S SIGNATURE (Signature)

William Lowe Mundy Use only black ink or ribbon typewrite if possible

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 *Thomas W. Brown* .....

Licensed Embalmer No. *4889* .....

P. O. Address *D.C. No.* .....

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.