t. Health,
, & Welfare
S. Public
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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

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-029645
STATE FILE NUMBER

FILED AUG 28 1958 Registration District No. 200 Primary Registration District No. 5725 Registrar's No. 65

1. PLACE OF DEATH
a. COUNTY: Macon
b. CITY OR TOWN (If outside corporate limits, give TOWNSHIP only): ~~Macon~~ Hudson — Inside Limits: Yes ☑ No ☐
c. FULL NAME OF HOSPITAL OR INSTITUTION (If NOT in hospital, give location): Hwy 63 South — Length of stay in 1b: Inst.

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Macon
c. CITY OR TOWN: Excello 0610 — Inside Limits: Yes ☐ No ☑
d. STREET ADDRESS (If outside, give location): Rt. 1 — Reside on Farm: Yes ☑ No ☐

3. NAME OF DECEASED (Type or print): First: Tony Middle: Last: Copenhaver

4. DATE OF DEATH: Month: Aug. Day: 21 Year: 1958

5. SEX: Male **6. COLOR OR RACE**: White **7. MARRIED** ☐ **NEVER MARRIED** ☐ **WIDOWED** ☑ **DIVORCED** ☐

8. DATE OF BIRTH: Oct. 16, 1891

9. AGE (In years last birthday): 66 — 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): Farmer
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (City and state or country): Shelby County, Mo.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: John Copenhaver
13b. MOTHER'S MAIDEN NAME: Virginia Copenhaver
14. NAME OF HUSBAND OR WIFE: Deceased

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): No
16. SOCIAL SECURITY NO.: No.
17. INFORMANT: Mrs. Donald Lea — Address: Macon, Mo.

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fractured Skull. — INTERVAL BETWEEN ONSET AND DEATH: Inst.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. (b) Broken Neck, Severed Jugular Vein
DUE TO (c) Auto Collision

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a): Broken Legs Crushed Chest & Abrasions

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.): Auto Accident
20c. TIME OF INJURY: Hour 7:45 a.m. Month, Day, Year: 8/21/1958
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.): Highway 63
20f. CITY, TOWN, OR LOCATION: Macon — COUNTY: Macon — STATE: Mo.

21. I attended the deceased from _____, to _____ and last saw her/him alive on _____
Death occurred at 7:45 P.M. on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE: Lester Hutton (Degree or title): Coroner
22b. ADDRESS: Macon, Mo.
22c. DATE SIGNED: 8/22/1958

23a. BURIAL, CREMATION, REMOVAL (Specify): Burial
23b. DATE: Aug 24, 1958
23c. NAME OF CEMETERY OR CREMATORY: Maplewood Cem.
23d. LOCATION (City, town, or county): Clarence (State): Mo.

24. FUNERAL DIRECTOR: Lester Hutton — ADDRESS: Macon, Mo.
25. DATE RECD. BY LOCAL REG.: 8/22/58
26. REGISTRAR'S SIGNATURE: Curtis McNeely

(Licensed Embalmer's Statement on Reverse Side)

SEP 0 1958

Date 8-28-58

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 Charles L. Hutton

Licensed Embalmer No. 4577

P. O. Address Macon Mo

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.