

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-047006  
STATE FILE NUMBER

FILED DEC 23 1958 Registration District No. 360 Primary Registration District No. 6225 Registrar's No. 176

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1-57

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Nevada</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN <u>Kansas City - 3439</u>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital #3 Nevada</u>		Length of stay in lb. <u>5 yrs - 14 days</u>	d. STREET ADDRESS (If outside, give location) <u>2843 Campbell</u>
3. NAME OF DECEASED (Type or print) First <u>Josephine</u> Middle <u>Copeland</u> Last <u>Copeland</u>			4. DATE OF DEATH Month <u>Dec</u> Day <u>7</u> Year <u>1958</u>
5. SEX <u>Female</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 6, 1888</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	9. AGE (In years last birthday) <u>70</u> IF UNDER 1 YEAR: Months <u>5</u> Days <u>1</u> IF UNDER 24 HRS.: Hours <u></u> Min. <u></u>
11a. BIRTHPLACE (City and state or country) <u>Stewartville, Mo.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Joseph</u>		13b. MOTHER'S MAIDEN NAME <u>Mildred Poell</u>	14. NAME OF HUSBAND OR WIFE <u>Mahlon James Copeland</u>
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>unknown</u>	17. INFORMANT <u>Hospital records - Nevada, 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>Arteriosclerotic Heart Disease</u> DUE TO (b) <u>Sen - Arteriosclerosis</u> DUE TO (c) <u></u> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>Psychosis</u>			INTERVAL BETWEEN ONSET AND DEATH
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.) <u></u>		
20c. TIME OF INJURY Hour <u></u> Month <u></u> Day <u></u> Year <u></u> a.m. <u></u> p.m. <u></u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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.) <u></u>	20f. CITY, TOWN, OR LOCATION <u></u>
21. I attended the deceased from <u>March 1, 1956</u> to <u>Dec 7, 1958</u> and last saw her alive on <u>Dec 7, 1958</u> Death occurred at <u>11:50 P</u> m on the date stated above; and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <u>12-8-58</u>	
22a. SIGNATURE <u>W. C. Bradley M.D.</u>		22b. ADDRESS <u>State Hospital #3 Nevada Mo</u>	22c. DATE SIGNED
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	23b. DATE <u>Dec 8, 1958</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Local</u>	23d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, KAN</u>
24. FUNERAL DIRECTOR <u>J.A. Butler</u>		ADDRESS <u>KANSAS CITY, KANSAS</u>	25. DATE RECD. BY LOCAL REG. <u>12-17-58</u>
		26. REGISTRAR'S SIGNATURE <u>Wm E. Ferry</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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.

DEC 28 1958

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 *Lloyd C. McCard* .....

Licensed Embalmer No. 4853 .....  
P. O. Address Florida, 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.