

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-006316

STATE FILE NUMBER

FILED MAR 9 1959

Registration District No. 187

Primary Registration District No. 3040

Registrar's No. 64

1. PLACE OF DEATH a. COUNTY Livingston			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Livingston		
b. CITY (If outside corporate limits, give TOWNSHIP or TOWN) Chillicothe		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ludlow		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Susan Rest Home			Length of stay in 1b		d. STREET ADDRESS (If outside, give location) Ludlow
3. NAME OF DECEASED (Type or print) First IDA Middle MAY Last DEAN			4. DATE OF DEATH 2/24/1959 Month 2 Day 24 Year 1959		
5. SEX female	6. COLOR OR RACE white	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2 DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 3/25/1870		9. AGE (In years last birthday) 88 IF UNDER 1 YEAR: Months 0 Days 0 IF UNDER 24 HRS.: Hours 0 Min. 0
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) invalid		10b. KIND OF BUSINESS OR INDUSTRY invalid		11. BIRTHPLACE (City and state or country) Ludlow, Mo.	
12. CITIZEN OF WHAT COUNTRY? U. S. A.			13. FATHER'S NAME Franklin Copple		
14. MOTHER'S MAIDEN NAME Frances Critchfield			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service) none		
16. SOCIAL SECURITY NO. none			17. INFORMANT Tracy Copple, Ludlow, Mo. 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) Cerebral Hemorrhage					INTERVAL BETWEEN ONSET AND DEATH 1 wk
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? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 6
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.) 331X		
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. Month, Day, Year _____					
20d. INJURY OCCURRED WHILE AT WORK <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 Dec 58 to 24 Feb 59 and last saw her him alive on 24 Feb 59 . Death occurred at 8:30 PM m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W. V. Vardner M.D. (Degree or title)			22b. ADDRESS Chillicothe Mo		22c. DATE SIGNED 29 Feb 59
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 2/26/1959	23c. NAME OF CEMETERY OR CREMATORY Monroe cemetery		23d. LOCATION (City, town, or county) (State) Ludlow, Mo.
24. FUNERAL DIRECTOR Michael Funeral Home, Braymer, Mo. ADDRESS			25. DATE RECD. BY LOCAL REG. 2-25-59		26. REGISTRAR'S SIGNATURE Francis B. H. [Signature]

(Licensed Embalmer's Statement on Reverse Side)

diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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Health,
Welfare
Public
Service

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 *Leuel Michael*

Licensed Embalmer No. *43*

P. O. Address *Brayme*

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.