

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-010296  
STATE FILE NUMBER

FILED APR 14 1959

Registration District No. 231 Primary Registration District No. \_\_\_\_\_ Registrar's No. 89

300  
1-57

1. PLACE OF DEATH a. COUNTY <u>Nodaway</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission only) a. STATE <u>Mo.</u> b. COUNTY <u>Nodaway</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Hopkins</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Hopkins</u> <u>0740</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in lb <u>16 yrs.</u>	d. STREET ADDRESS (If outside, give location) Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last <u>Bessie Fay Copple</u>			4. DATE OF DEATH Month Day Year <u>Mar. 31, 1959</u>		
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5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> 2. DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Dec. 5, 1894</u>	9. AGE (In years last birthday) <u>64</u>	IF UNDER 1 YEAR Months Days Hours Min.	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) <u>Sheridan, Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Frank Downing</u>		13b. MOTHER'S MAIDEN NAME <u>Rose Adams</u>		14. NAME OF HUSBAND OR WIFE <u>Joseph Copple</u>	
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15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT Address <u>Mrs Harry Weir, Omaha, Nebr.</u>		
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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>Carcinoma Taxis</u> Interval BETWEEN ONSET AND DEATH <u>2 yrs</u> DUE TO (b) <u>Carcinoma of Ovary</u> Interval BETWEEN ONSET AND DEATH <u>3 yrs</u> DUE TO (c) _____ Interval BETWEEN ONSET AND DEATH _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <u>1750</u>				19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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. 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	
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21. I attended the deceased from 3/1 to 3/31/59 and last saw her alive on 3/30/59  
Death occurred at 10:20 p m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE <u>C. Weir M.D.</u> (Degree or title)		22b. ADDRESS <u>Hopkins Mo</u>		22c. DATE SIGNED <u>4/2/59</u>	
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>4-3-59</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Luteson</u>		23d. LOCATION (City, town, or county) (State) <u>Sheridan, Mo.</u>
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24. FUNERAL DIRECTOR <u>Stanley Swanson</u>		ADDRESS <u>Hopkins, Mo.</u>	25. DATE RECD. BY LOCAL REG. <u>4 59</u>	26. REGISTRAR'S SIGNATURE <u>Bess Holt</u>	
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All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

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 ..... Myself ....., Student Embalmer No. .... working under my personal supervision.

Student .....  
Signature of Student Embalmer

Signed Stanley Swanson .....

Licensed Embalmer No. .... 3963 .....

P. O. Address Hopkins, 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.