

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-012815
STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 101

Primary Registration District No.

Registrar's No. 28

300
-57

1. PLACE OF DEATH a. COUNTY Douglas		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Douglas	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Ava		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Ava
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		Length of stay in 1b	d. STREET ADDRESS (If outside, give location)
3. NAME OF DECEASED (Type or print) First Middle Last Thomas F. Copelin			4. DATE OF DEATH Month Day Year April 10, 1959
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 Dec. 25, 1877
9. AGE (In years last birthday) 81		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer	11. BIRTHPLACE (City and state or country) Ocie, Missouri
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		10b. KIND OF BUSINESS OR INDUSTRY Own farm	12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Steve Copelin		13b. MOTHER'S MAIDEN NAME Jane Gray	14. NAME OF HUSBAND OR WIFE Polly Copelin
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. None	17. INFORMANT Address Polly Copelin, Ava, Missouri
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Chronic Coronary DUE TO (b) Chronic Coronary - Nephrotic DUE TO (c) Chronic Coronary Heart Disease PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Chronic Coronary Heart Disease 592X			INTERVAL BETWEEN ONSET AND DEATH 24 hrs 10-157
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 4-9-59 to 4-10-59 and last saw him alive on 4-10-59 Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE M. C. Hervey M.D.		22b. ADDRESS Ava Mo	22c. DATE SIGNED 4-11-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 4-12-59	23c. NAME OF CEMETERY OR CREMATORY Lutie	23d. LOCATION (City, town, or county) (State) Lutie, Missouri
24. FUNERAL DIRECTOR ADDRESS Clinkingbeard Funeral Home, Ava, Mo		25. DATE RECD. BY LOCAL REG. April 11-59	26. REGISTRAR'S SIGNATURE Vestal Bushman

All diseases in Part I must be causally related.
 MEDICAL CERTIFICATION
 M.C. Hervey BACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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 *Lyle H. Kirklingbeaver*

Licensed Embalmer No. *4130*.....

P. O. Address. *Avon, 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.