

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013236

STATE FILE NUMBER
Registrar's No. 1628

FILED APR 20 1959

Registration District No. 149 Primary Registration District No. 1002

300
-57

1. PLACE OF DEATH a. COUNTY JACKSON		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		c. CITY OR TOWN EL DORADO SPRINGS ^{02 10}	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION V A Hospital		d. STREET ADDRESS (If outside, give location) ROUTE 4	
3. NAME OF DECEASED (Type or print) First JAMES Middle A. Last COPENHAVER		4. DATE OF DEATH Month March Day 30 Year 1959	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH January 19, 1891
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Bookkeeper, clerk		10b. KIND OF BUSINESS OR INDUSTRY For businesses	11. BIRTHPLACE (City and state or country) Tiffin, Missouri
13a. FATHER'S NAME John T. Copenhaver		13b. MOTHER'S MAIDEN NAME Christiana Brown	14. NAME OF HUSBAND OR WIFE Alta
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, unknown) (If yes, give war or type of service) Yes WWI		16. SOCIAL SECURITY NO. 491 07 6267	17. INFORMANT Address VA Hospital Official Records, K. C. Mo
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia, RML & R&LLL			INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Peritonitis, generalized			
DUE TO (c) Carcinoma of rectum, post-operative 1548F			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fractures, left tibia and fibula			19. WAS AUTOPSY PERFORMED? 1 YES <input type="checkbox"/> NO <input type="checkbox"/>
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	
21. I attended the deceased from February 13, 1959 to March 30, 1959 and was present ^{him} death occurred at 10:45 a m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE J. A. Turner J. A. TURNER, M.D.		22b. ADDRESS VA Hospital, Kansas City, Mo.	
		22c. DATE SIGNED 3-30-59	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Rem.		23b. DATE 3-31-59	
23c. NAME OF CEMETERY OR CREMATORY -		23d. LOCATION (City, town, or county) (State) Buffalo, Mo.	
24. FUNERAL DIRECTOR ADDRESS Melody-McGilley-Eylar 1800 Linwood		25. DATE RECD. BY LOCAL REG. 3-31-59	
		26. REGISTRAR'S SIGNATURE Neva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUN 12 1959

JUN 1 1959

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 *Walter Barton*

Licensed Embalmer No. *4907*
P. O. Address *K C 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.