

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-024302

STATE FILE NUMBER
316

X FILED VS JUL 22 1959

Registration District No. 43 Primary Registration District No. 3007 Registrar's No. 316

1. PLACE OF DEATH a. COUNTY BUTLER				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Stoddard							
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Poplar Bluff		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Bell City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>					
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Poplar Bluff Hosp			Length of stay in lb 1 hr.		103 d. STREET ADDRESS (If outside, give location) Pike Twp.		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>				
3. NAME OF DECEASED (Type or print) First PATRICIA Middle FAY Last Coplin				4. DATE OF DEATH Month June Day 27 Year 1959							
5. SEX FEMALE		6. COLOR OR RACE WHITE		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Dec. 31, 1957		9. AGE (In years last birthday) 1 IF UNDER 1 YEAR Months 5 Days 26		IF UNDER 24 HRS. Hours Min. 	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) NONE			10b. KIND OF BUSINESS OR INDUSTRY NONE		11. BIRTHPLACE (City and state or country) Dexter, Mo.		12. CITIZEN OF WHAT COUNTRY? U. S. A.				
13a. FATHER'S NAME Edward Coplin				13b. MOTHER'S MAIDEN NAME HAZEL Phillips				14. NAME OF HUSBAND OR WIFE NONE			
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 Edward Coplin, Bell City, 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) Severe head injuries								INTERVAL BETWEEN ONSET AND DEATH 3 hours			
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"/>			
20a. ACCIDENT <input checked="" 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.) 2 cars hitting head-on in accident on highway 25								
20c. TIME OF INJURY Hour 4:40 Month 6 Day 27 Year 59 p.m.			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) north of Bloomfield, Mo. 103								
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) State highway			20f. CITY, TOWN, OR LOCATION Bloomfield, Stoddard, Missouri			COUNTY STATE		
21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at 7:30 P.m. on the date stated above; and to the best of my knowledge, from the causes stated.											
22a. SIGNATURE March Walker (Degree or title) Coroner				22b. ADDRESS Dexter, Missouri				22c. DATE SIGNED 7-6-59			
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6-30-59		23c. NAME OF CEMETERY OR CREMATORY MORGAN Memorial Park				23d. LOCATION (City, town, or county) (State) ADVANCE, Mo.			
24. FUNERAL DIRECTOR W. H. Morgan, Advance, Mo.				ADDRESS		25. DATE RECD. BY LOCAL REG. 7/11/59		26. REGISTRAR'S SIGNATURE [Signature]			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

RECEIVED
JUL 17 1959
BUTLER CO. HEALTH CENTER

FILE No. _____

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 *W^m H. Mary* _____

Licensed Embalmer No. *4640*

P. O. Address *Advance, 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.