

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=61-043996

STATE FILE NUMBER

AMENDED

Registration District No. 77 Primary Registration District No. 5303 Registrar's No. 372

FILED DEC 29 1961

DATE AMENDED: 11/5/62
 INSTEAD OF: Keller
 DOCUMENT: Copeland
 BY AFFIDAVIT OF: Funeral Director
 ITEM NO.: SHOULD READ
 14 & 17: Copeland

1. PLACE OF DEATH a. COUNTY <u>Cole</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Cole</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Rt. 5</u>		Length of stay in 1b <u>28 yrs.</u>	c. CITY OR TOWN <u>Jefferson City</u>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Jefferson City</u>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>Rt. 5</u>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Meredith</u> Last <u>Copeland</u>		4. DATE OF DEATH Month <u>December</u> Day <u>18</u> Year <u>1961</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <u>5-15-1895</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Structural Steel worker</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Structural steel</u>	11. BIRTHPLACE (City and state or country) <u>Westphalia, Mo.</u>
13a. FATHER'S NAME <u>James M. Copeland</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Crum</u>	14. NAME OF HUSBAND OR WIFE <u>Bessie L. Keller</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WWI</u>		17. INFORMANT <u>Copeland</u> <u>Mrs. Bessie L. Keller, Jefferson City</u>	
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 of Parotid Gland</u>			INTERVAL BETWEEN ONSET AND DEATH <u>5 weeks</u>
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) <u>Pulmonary Culture</u>			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" 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 _____ 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 <u>Dec 1952</u> to <u>Dec 18, 1961</u> and last saw him alive on <u>Dec 14, 1961</u> Death occurred at <u>6:30</u> A.m. on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <u>Marshall W. Kelly M.D.</u>		22b. ADDRESS <u>Jefferson City Mo</u>	22c. DATE SIGNED <u>12/19/61</u>
23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12-20-1961</u>	23c. NAME OF CEMETERY OR CREMATOR <u>St. Martins Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Rt. 5, Jefferson City, Mo.</u>
24. FUNERAL DIRECTOR <u>G. N. Houser, Jefferson City, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>20 December 1961</u>	26. REGISTRAR'S SIGNATURE <u>RP Davis MD R Richter Jps</u>

MS DEC 29 1961

JAN 4 1962

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 Bill McLaughlin

Licensed Embalmer No. 5160

P. O. Address Jefferson City

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.