

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-63-015977

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2240 STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

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Rev. 4/59

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AMENDED

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

Staley L. Goldsmith, M.D., Goldsmith Medical Certification

<b>FILED APR 29 1963</b>	
1. PLACE OF DEATH	
a. COUNTY <b>JACKSON</b>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
b. CITY (If outside corporate limits, give TOWNSHIP only) <b>KANSAS CITY</b>	a. STATE <b>MO.</b> b. COUNTY <b>JACKSON</b>
c. FULL NAME OF (if NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>MEMORAH MEDICAL CENTER</b>	c. CITY OR TOWN <b>KANSAS CITY</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. STREET ADDRESS <b>2525 CHERRY</b>	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 <b>JACK</b> Middle <b>A.</b> Last <b>COPPLE</b>	4. DATE OF DEATH
5. SEX <b>MALE</b>	6. COLOR OR RACE <b>CAUC</b>
7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>7-5-1903</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>TRUCK DRIVER</b>	9. AGE (last birthday) <b>59 YRS.</b>
10b. KIND OF BUSINESS OR INDUSTRY <b>MERCHANTS DEL.</b>	11. BIRTHPLACE (City and state or country) <b>GREAT BEND, KANSAS</b>
13a. FATHER'S NAME <b>E.L. COPPLE</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
13b. MOTHER'S MAIDEN NAME <b>CLARA WHITE</b>	14. NAME OF HUSBAND OR WIFE <b>ETHEL COPPLE</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>NO</b>	16. SOCIAL SECURITY NO. <input type="checkbox"/>
17. INFORMANT <b>ETHEL COPPLE 2525 CHERRY</b>	Address
18. CAUSE OF DEATH (Enter only one cause per line)	
PART I. DEATH WAS CAUSED BY	
IMMEDIATE CAUSE (a) <b>Coronary artery disease and aortic valve insufficiency (aortic)</b>	
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) <b>Bronchial asthma</b>	
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 checked="" 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 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 <b>9 April 63</b> to <b>14 April 63</b> and last saw him alive on <b>13 April 63</b> Death occurred at <b>8:35 A.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) <b>Staley L. Goldsmith (M.D.)</b>	22b. ADDRESS <b>1546 Troost Kansas City, Mo</b>
22c. DATE SIGNED <b>4/15/63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>	23b. DATE <b>4-16-1963</b>
23c. NAME OF CEMETERY OR CREMATORY <b>FLORIAL HILLS CEMETERY</b>	23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY, MO.</b>
24. FUNERAL DIRECTOR <b>MUEHLEBACH</b>	25. DATE RECD. BY LOCAL REG. <b>4-15-63</b>
26. REGISTRAR'S SIGNATURE <b>Ruth Long</b>	

USE BLACK INK OR TYPEWRITER RIBBON

Dr. Goldman *[Signature]*  
754 ~~6304~~ - Ex 3-2252  
any time after 10.00

STATEMENT BY LICENSED EMBALMER

c-18

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 *Robert J. Landes*

Licensed Embalmer No. 5103

P. O. Address H.C. 720

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.