

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

=63-018738

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 328 Primary Registration District No. 4485 Registrar's No. 11  
**FILED MAY 1 1963**

VS 300  
Rev. 4/59

1 1000  
2 1000  
3  
4 D  
5 1  
6  
7 1  
8 2  
94200

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

BY AFFIDAVIT OF

1. PLACE OF DEATH		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)	
a. COUNTY <b>Scott</b>		a. STATE <b>Missouri</b> b. COUNTY <b>Scott</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Illmo</b>		c. CITY OR TOWN <b>Illmo</b>	
Length of stay in 1b <b>9 years</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>at home</b>		d. STREET ADDRESS (If outside, give location)	
3. NAME OF DECEASED (Type or print)		4. DATE OF DEATH	
First <b>WILLIE</b> Middle <b>EVERETT</b> Last <b>COPE</b>		Month <b>April</b> Day <b>20</b> , Year <b>1963</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</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>9-17-81</b>
9. AGE (last birthday) <b>81</b>		IF UNDER 1 YEAR	IF UNDER 24 HR
10a. USUAL OCCUPATION: (Give kind of work done during most of working life, even if retired) <b>Retired farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>farming</b>	11. BIRTHPLACE (City and state or country) <b>Tenn.</b>
12. CITIZEN OF WHAT COUNTRY <b>USA</b>		13a. FATHER'S NAME <b>Dan J. Cope</b>	
13b. MOTHER'S MAIDEN NAME <b>Elizabeth Fields</b>		14. NAME OF HUSBAND OR WIFE <b>Zola Bell Cope</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES (Yes, no, or unknown) (If yes, give war or dates of) <b>no</b>		17. INFORMANT Address <b>Mrs Winnie Mae Ellis Steele, Mo</b>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:			INTERVAL BETWEEN ONSET AND DEATH
IMMEDIATE CAUSE (a) <b>Myocardial Infarction</b>			<b>Immediate</b>
DUE TO (b) <b>Coronary Thrombosis</b>			<b>Immediate</b>
DUE TO (c) <b>Arteriosclerotic Heart Disease</b>			<b>Several years</b>
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I: (a) <b>pulmonary edema 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 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 if 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 checked="" 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>5-4-60</b> to <b>4-20-63</b> and last saw her/him alive on <b>4-20-63</b> . Death occurred at <b>5:45 PM</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22. SIGNATURE (Degree or title) <i>Marshall J. ...</i>		22b. ADDRESS <b>Illmo, Mo</b>	22c. DATE SIGNED <b>4/20/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>4/22/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Mt. Zion Cem</b>	23d. LOCATION (City, town, or county) (State) <b>Steele, Mo</b>
24. FUNERAL DIRECTOR ADDRESS <b>German Funeral Home Steele, Mo.</b>		25. DATE RECD. BY LOCAL REG. <b>April 24-63</b>	26. REGISTRAR'S SIGNATURE <i>Mrs Fred ...</i>

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK OR TYPEWRITER RIBBON

**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 *Oliver C. Amund*

Licensed Embalmer No. 4470

P. O. Address *Illms, 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.