

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-021107  
STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

Registration District No. 294 Primary Registration District No. 3056 Registrar's No. 124

**FILED MAY 24 1963**

VS 300 Rev. 4/59	DATE AMENDED	
1 <u>0887</u>	AMENDMENTS ON THIS RECORD ARE AS FOLLOWS INSTEAD OF	DOCUMENT
2 <u>0887</u>		
3		
4 <u>0</u>		
5 <u>1</u>		
6		
7 <u>0</u>		
8 <u>2</u>		
9 <u>334X</u>		
10		
11		
12 <u>86-0</u>		
13 <u>3-0</u>		
ITEM NO.	SHOULD READ	
BY AFFIDAVIT OF		

1. PLACE OF DEATH a. COUNTY <b>Randolph</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> COUNTY <b>Rand.</b>	
b. CITY (If outside corporate limits, give TOWNSHIP, only) <b>Moberly</b>		Length of stay in 1b <b>70 yrs.</b>	c. CITY OR TOWN <b>Moberly</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>Phillips Nurs. Home</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>1107 S. Williams</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <b>Virgil</b> Middle <b>Leonard</b> Last <b>Copenhaver</b>			4. DATE OF DEATH Month <b>5</b> Day <b>20</b> Year <b>63</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>12/18/85</b>
9. AGE (last birthday) <b>77</b>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HR Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>ret. carpenter</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Shelby Co., Mo.</b>	12. CITIZEN OF WHAT COUNTRY <b>USA</b>
13a. FATHER'S NAME <b>Leonard Copenhaver</b>		13b. MOTHER'S MAIDEN NAME <b>Matilda Sunner</b>	
14. NAME OF HUSBAND OR WIFE <b>Bessie Copenhaver</b>		17. INFORMANT <b>Bessie Copenhaver</b> Address <b>Moberly, Mo</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. [REDACTED]	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Left Hemiplegia (stroke)</b> 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) 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 INTERVAL BETWEEN ONSET AND DEATH <b>Feb. 28/63</b>			
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.	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	20f. CITY, TOWN, OR LOCATION <b>Moberly, Mo.</b> COUNTY _____ STATE _____		
21. I attended the deceased from <b>Feb. 28/63</b> to <b>May 20/63</b> and last saw him alive on <b>May 20/63</b> Death occurred at <b>11:55 am</b> on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) <b>Dr. L. E. Hubel MD</b>		22b. ADDRESS <b>Moberly, Mo.</b>	22c. DATE SIGNED <b>5/22/63</b>
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>5/22/63</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Oakland Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Moberly, Mo.</b>
24. FUNERAL DIRECTOR <b>Million &amp; Greer</b> ADDRESS <b>Moberly, Mo</b>		25. DATE RECD. BY LOCAL REG. <b>May 22-1963</b>	26. REGISTRAR'S SIGNATURE <b>W. Emil White</b>

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 Larry R. Million, Student Embalmer No. 699

working under my personal supervision.

Student

*Larry R. Million*

Signature of Student Embalmer

Signed

*Larry R. Million*

Licensed Embalmer No. 3957

P. O. Address Moberly, 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.

*Permit*  
*March 5-22-69*