

MISSOURI DIVISION OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. **22088**

FILED AUG 13 1948

Registration District No. 12

Primary Registration District No. 5051

Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH:  
(a) County Barry  
(b) City or town "RURAL" Mountain Twp.  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution:  
10 mi SE of Jenkins  
(If not in hospital or institution, write street number or location)  
(d) Length of stay: In hospital or institution. ---  
(Specify whether  
In this community Lifetime  
years, months or days)

2. USUAL RESIDENCE OF DECEASED:  
(a) State Missouri (b) County Barry  
(c) City or town "RURAL" Mountain Twp.  
(If outside city or town limits, write "RURAL")  
(d) Street No. 10 mi SE of Jenkins  
(If rural, give location)  
(e) Citizen of foreign country? No (Yes or No)  
If yes, name country. -----

3. (a) PRINT FULL NAME Lanta Odessa COPE  
3. (b) If veteran, name war. ---  
3. (c) Social Security No. ---

MEDICAL CERTIFICATION  
20. DATE OF DEATH: Month July day 2nd.  
year 1948 hour 11 minute 30 A.M.

4. Sex F / 5. Color or race W  
6. (a) Single, widowed, married, divorced W  
6. (b) Name of husband or wife Orra David Cope  
6. (c) Age of husband or wife if alive Dec'd years  
7. Birth date of deceased December 26, 1880  
(Month) (Day) (Year)

21. I hereby certify that I attended the deceased from \_\_\_\_\_, 19\_\_\_\_, to \_\_\_\_\_, 19\_\_\_\_;  
that I last saw h\_\_\_\_\_ alive on \_\_\_\_\_, 19\_\_\_\_;  
and that death occurred on the date and hour stated above.  
Immediate cause of death \_\_\_\_\_

8. AGE: Years Months Days If less than one day  
67 6 6 --- hr. --- min.

Apparently a Heart Attack  
Due to \_\_\_\_\_  
Due to \_\_\_\_\_

9. Birthplace Barry Co., Missouri  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business Home

12. Name Bill Wiley

13. Birthplace Sholton, Missouri  
(City, town, or county) (State or foreign country)

14. Maiden name Lora Sletz

15. Birthplace ----- Texas  
(City, town, or county) (State or foreign country)

16. (a) Informant Mr. Glen Cope

(b) Address Rt. #1, Jenkins, Missouri

17. (a) Burial (b) Date thereof July 5, 1948  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Mars Hill Cemetery

18. (a) Signature of funeral director Koon Funeral Home

(b) Address 1303 Main St.; Cassville, Mo.

19. (a) 8/5/48 (b) Mrs. Leta Hudson  
(Date received local registrar) (Registrar's signature)

Other conditions (Include pregnancy within 3 months of death) \_\_\_\_\_  
Major findings: \_\_\_\_\_  
Of operations \_\_\_\_\_  
Of autopsy \_\_\_\_\_

PHYSICIAN  
Underline the cause to which death should be charged statistically.

22. If death was due to external causes, fill in the following:  
(a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_ (City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_  
23. Signature J.P. Buchanan (M.D. or other)  
Address J. Smith Mo Date signed 7-3-48

MOTHER, FATHER, USE CHANGING DESIGNER NAME A PERMITS RECORD

RECEIVED

District Health Officer No. 6,

District File Number 848-892

Date Filed AUG 12 1948

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

Registered Apprentice No.

working under my personal supervision.

Signed

*J. C. Canada*

Licensed Embalmer No.

4196

P.O. Address

*Cassville, N.C.*

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 this body is not embalmed, fact should be so stated above.