

FILED AUG 4 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **22988**
2966
Registrar's No.

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

WRITE PLAINLY—USING UNEADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	c. LENGTH OF STAY (In this place) 10 Years	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City	3578
d. FULL NAME OF HOSPITAL OR INSTITUTION 3703 Indiana Avenue		d. STREET ADDRESS (If rural, give location) 3703 Indiana Avenue	

3. NAME OF DECEASED (Type or Print) a. (First) Susan b. (Middle) Elizabeth c. (Last) Copas			4. DATE OF DEATH (Month) (Day) (Year) 7-10-51		
5. SEX Female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH May 3, 1867	9. AGE (In years last birthday) 84	IF UNDER 1 YEAR Months Days Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AT HOME		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) Near California, Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.

13a. FATHER'S NAME WILLIAM WILLIAMS		13b. MOTHER'S MAIDEN NAME MARTHA J BIRDSONG		14. NAME OF HUSBAND OR WIFE George Franklin Copas	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME Miss Maxine Copas ADDRESS 3703 Indiana Kansas City, Mo.	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* Cerebral Hemorrhage		INTERVAL BETWEEN ONSET AND DEATH 4 da	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) Hypertension			
		DUE TO (c) Styphitis			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				5951	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?			

22. I hereby certify that I attended the deceased from 7/6, 1951, to 7/10, 1951, that I last saw the deceased alive on 7/10, 1951, and that death occurred at 7:30 P.m., from the causes and on the date stated above.

23a. SIGNATURE H. C. Tripp M.D. (Degree or title)		23b. ADDRESS 1014 Maple Bldg.		23c. DATE SIGNED 7/11/51	
24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL	24b. DATE JULY 13-1951	24c. NAME OF CEMETERY OR CREMATORY CROWN HILL CEMETERY	24d. LOCATION (City, town, or county) (State) SEDALIA MISSOURI		

DATE REC'D BY LOCAL REG. 7-13-51	REGISTRAR'S SIGNATURE Seraldine Holmes		FUNERAL DIRECTOR'S SIGNATURE Dr. Newcombs		ADDRESS 1331 Brush Creek Kansas City, Mo.
--	--	--	---	--	---

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
Student Embalmer

Signed.....

Basil Honey

Licensed Embalmer No. *4924*

P. O. Address *Lashland, 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 this body is not embalmed, fact should be so stated above.