

FILED MAY 29 1958

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-018098
STATE FILE NUMBER 2448

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo b. COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 7300 Harrison		Length of stay in lb 77 yrs	d. STREET ADDRESS (If outside, give location) 7300 Harrison Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First SULTANA Middle COPULOS Last COPULOS			4. DATE OF DEATH Month May Day 14 Year 1958
5. SEX Fe	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH April 21/1895
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker		10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (City and state or country) Constantinople Turkey U.S.A.
13a. FATHER'S NAME Dismandes		13b. MOTHER'S MAIDEN NAME Eleoides	14. NAME OF HUSBAND OR WIFE Peter Copulos Sr.
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 Address Gus Fitch 7300 Harrison
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Paralysis agitans (Parkinson's Disease) Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) arterio sclerosis DUE TO (c) advanced age			INTERVAL BETWEEN ONSET AND DEATH 2 yrs 3 yrs 350*
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 Month, Day, Year a.m. p.m.			
20d. INJURY OCCURRED WHILE AT <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 Feb. 1954 to May 13, 1958 and last saw her alive on May 13, 1958 Death occurred at 1:30 am m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) R Paul Wright, M.D.		22b. ADDRESS 1324 Professional Bldg.-K.C.Mo	22c. DATE SIGNED 5-14-58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 5-16-58	23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah Cemetery	23d. LOCATION (City, town, or county) (State) Kansas City 14, Mo.
24. FUNERAL DIRECTOR Melody McGilley-Eylar		25. DATE RECD. BY LOCAL REG. 5-14-58	26. REGISTRAR'S SIGNATURE Irma Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

B. Paul Wright

Paul Wrayist
Prof. Bl. G.
Vi 2-1368.
after 12³⁰ 5

STATEMENT BY LICENSED EMBALMER

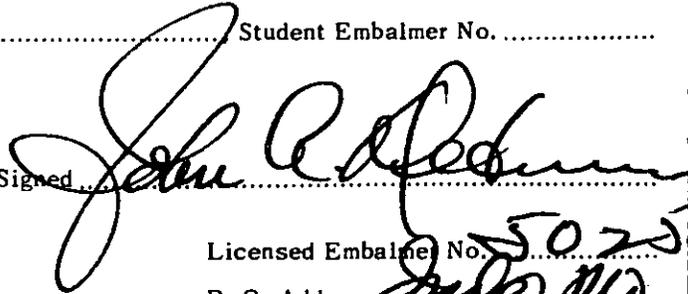
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed

by me or by Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed 

Licensed Embalmer No. 5025

P. O. Address 

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.