

Health,  
Welfare  
Public  
Service

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-021362  
STATE FILE NUMBER

FILED JUL 7 1958

Registration District No. 83 Primary Registration District No. 4146 Registrar's No. 6

300  
1-57

1. PLACE OF DEATH a. COUNTY Cooper		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Cooper	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Wooldridge		c. CITY OR TOWN Wooldridge 0270	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION At home.		d. STREET ADDRESS (If outside, give location) -----	
3. NAME OF DECEASED (Type or print) First Middle Last Annie L. Baslee Copas.		4. DATE OF DEATH Month Day Year June 26 1958	
5. SEX Female	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOW <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH March 25 1886
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife.		10b. KIND OF BUSINESS OR INDUSTRY Own home	11. BIRTHPLACE (City and state or country) Cooper County, Missouri. USA
13a. FATHER'S NAME John W. Baslee		13b. MOTHER'S MAIDEN NAME Evelyn Scott	14. NAME OF HUSBAND OR WIFE Oliver Jack 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. 486-30-9485	17. INFORMANT Address Mrs. Helen Bond, Sedalia, Missouri.
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Asphyxia Pulmonary Edema Cong. Heart Failure PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH (but not related to the terminal disease condition given in PART I (a)) Stomach Intestines			INTERVAL BETWEEN ONSET AND DEATH 5 days. 2 yrs.
20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <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 WORK <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 2-12-56 to 6/26/58 and last saw her alive on 6/25/58 Death occurred at 12:00 m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) J. H. Bond		22b. ADDRESS Boonville, Mo. 62818	
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE June 28, 1958	
23c. NAME OF CEMETERY OR CREMATORY Walnut Grove		23d. LOCATION (City, town, or county) (State) Boonville, Missouri.	
24. FUNERAL DIRECTOR ADDRESS Goodman & Boller, Boonville, Mo.		25. DATE RECD. BY LOCAL REG. June 28/58	
26. REGISTRAR'S SIGNATURE Virginia T. Higgins			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

Doctor, coroner, etc. must use only standard nomenclature in their tab. No symptoms with no ticks. All diseases in Part I must be causally related.

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 *William W. Wood* .....

Licensed Embalmer No. 4539 .....  
P. O. Address Boonville, Miss .....

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.