

FILED JAN 21 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. 1081
8

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| BIRTH NO. _____ | | REG. DIST. NO. 149 | | PRIMARY REG. DIST. 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, write RURAL and give township) OR TOWN Kansas City | | | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION 3426 Flora | | | | d. STREET ADDRESS (If rural, give location) 3426 Flora | | | |
| 3. NAME OF DECEASED (Type or Print) Rosie | | a. (First) Jane | | b. (Middle) Coffin | | c. (Last) | |
| 4. DATE OF DEATH 1/2/50 | | 5. SEX Fe. | | 6. COLOR OR RACE Wh. | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOW | |
| 8. DATE OF BIRTH Aug. 8, 1865 | | 9. AGE (In years last birthday) 84 | | 10. KIND OF BUSINESS OR INDUSTRY XX | | 11. BIRTHPLACE (State or foreign country) Centerville, Iowa | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) House wife | | 10b. KIND OF BUSINESS OR INDUSTRY XX | | 11. BIRTHPLACE (State or foreign country) Centerville, Iowa | | 12. CITIZEN OF WHAT COUNTRY? U. S. A. | |
| 13a. FATHER'S NAME John L. Hiatt | | 13b. MOTHER'S MAIDEN NAME Febe Myers | | 14. NAME OF HUSBAND OR WIFE XX | | | |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) XX | | 16. SOCIAL SECURITY NO. none | | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Goldie Cornelius, 3025 Elmwood | | | |
| 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* (a) <i>Cholera, sclerotic heart disease</i> | | | | INTERVAL BETWEEN ONSET AND DEATH | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. | | | | | |
| | | DUE TO (b) _____ | | | | | |
| | | DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |
| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION <i>W. Good</i> | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>Natural</i> | | 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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE (Hugh) H. Owens (Degree or title) <i>Hugh H. Owens, Coroner</i> | | | | 23b. ADDRESS 1034 Radio Bldg | | 23c. DATE SIGNED 1-3-50 | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Removal | | 24b. DATE 1/3/50 | | 24c. NAME OF CEMETERY OR CREMATORY Centerville Cem. | | 24d. LOCATION (City, town, or county) (State) Centerville, Iowa | |
| DATE REC'D BY LOCAL REG. 1-3-50 | | REGISTRAR'S SIGNATURE <i>Sheraldine Holmes</i> | | 25. FUNERAL DIRECTOR'S SIGNATURE H. Pigeonant & Sons N. C. 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.....

.....
working under my personal supervision.

..... Student Embalmer No.....

Signed *Francis Walton*.....

Signed.....
Student Embalmer

Licensed Embalmer No. *2744*.....

P. O. Address *K-C. 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.