

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

166781

State File No. _____

BIRTH NO. 97512-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1067 Registrar's No. 2236

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>52 min.</u>		d. STREET ADDRESS (If rural, give location) <u>2624 E. 11th</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Inf.</u>		b. (Middle) <u>Coalbank</u>	
c. (Last) <u>Coalbank</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>5 - 17 - 50</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Baby</u>	8. DATE OF BIRTH <u>5-17-50</u>
9. AGE (In years last birthday) <u>5</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Baby</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City Mo</u>	12. CITIZEN OF WHAT COUNTRY? <u>USA</u>
10b. KIND OF BUSINESS OR INDUSTRY	13a. FATHER'S NAME <u>Ernest Coalbank</u>	13b. MOTHER'S MAIDEN NAME <u>Rose Marie P</u>	14. NAME OF HUSBAND OR WIFE
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>no</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ernest Coalbank</u> ADDRESS <u>2624 - E 11 - KC</u>	
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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prematurity</u> 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	
20. AUTOPSY? YES <input checked="" 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)	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 <u>12:20PM. 5-17-50</u> to <u>1:28PM. 5-17, 1950</u> , that I last saw the deceased alive on <u>5-17, 1950</u> , and that death occurred at <u>1:28 P m.,</u> from the causes and on the date stated above.			
23a. SIGNATURE <u>[Signature]</u> B.I. BURNS (Degree or title)		23b. ADDRESS <u>Med. Dir. General Hospital No. 1</u>	
23c. DATE SIGNED <u>5-17-50</u>			
24a. BURIAL, CREMATION (REMOVAL) (Specify)	24b. DATE <u>5-18-50</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Leis Summit</u>	24d. LOCATION (City, town, or county) (State) <u>Leis Summit Mo</u>
DATE REC'D BY LOCAL REG. <u>5-17-50</u>	REGISTRAR'S SIGNATURE <u>[Signature]</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>[Signature]</u> ADDRESS <u>[Address]</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

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 _____

Licensed Embalmer No. _____

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

not embalmed

W B Langford

3833

Lee's Summit