No. 300
10.48

FILED JUN 3 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16679

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1062 Registrar's No. 2250

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

1. PLACE OF DEATH
a. COUNTY: JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): 70 YEARS
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): 5521 MICHIGAN AVE.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MISSOURI
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
d. STREET ADDRESS (If rural, give location): 5521 MICHIGAN AVE. 3800

3. NAME OF DECEASED (Type or Print)
a. (First): MICHAEL
b. (Middle): FRANCIS
c. (Last): COFFEY

4. DATE OF DEATH (Month) 5 (Day) 17 (Year) 50

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: APRIL 4-1876
9. AGE (In years last birthday): 74 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): RETIRED
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): LANSING, KANSAS
12. CITIZEN OF WHAT COUNTRY?: U. S. A.

13a. FATHER'S NAME: MICHAEL COFFEY
13b. MOTHER'S MAIDEN NAME: CATHERINE GILCHRIST
14. NAME OF HUSBAND OR WIFE: ANNA V. COFFEY

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service)
16. SOCIAL SECURITY NO.: 487-16-6495
17. INFORMANT'S SIGNATURE OR NAME / ADDRESS: MRS. ANNA V. COFFEY, 5521 MICHIGAN

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Coronary Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: Immediate

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Arteriosclerotic Heart — Over 5 yrs.
DUE TO (c) disease

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death. — 42.50

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION:
20. AUTOPSY? YES ☐ NO ☑

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* March 1, 1950, *to* May 17, 1950, *that I last saw the deceased alive on* May 14, 1950, *and that death occurred at* 1:30 AM., *from the causes and on the date stated above.*

23a. SIGNATURE Martin P. Hunter (Degree or title): Martin P. Hunter M.D.
23b. ADDRESS: 1408 Waldheim Bldg, K.C., MO
23c. DATE SIGNED: 6/18/50.

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 5-20-50
24c. NAME OF CEMETERY OR CREMATORY: MT. OLIVET CEMETERY
24d. LOCATION (City, town, or county) (State): KANSAS CITY, MO.

DATE REC'D BY LOCAL REG.: 5-18-50
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: J. F. O'Donnell Co.
ADDRESS: 3256 BROADWAY

(Licensed Embalmer's Statement on Reverse Side)

MARTIN P. HUNTER, M.D.
WALDHEIM BLDG.

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 John W. Laybourne

Licensed Embalmer No. 1715

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply wit the above constitutes grounds for revocation of license.)

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