

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12524
1638

State File No.

FILED MAY 14 1951

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
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>Platte</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY (In this place) <u>Three 3/4</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Platte City</u>		0830		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Childrens Mercy Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>Xi</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Jackie</u> b. (Middle) <u>Jo Nell</u> c. (Last) <u>Coif</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-13-1951</u>		5. SEX <u>Male</u>		6. COLOR OR RACE <u>White</u>	
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never married</u>		8. DATE OF BIRTH <u>Apr. 6, 1950</u>		9. AGE (In years last birthday) <u>1</u>		10. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>None</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>None</u>		11. BIRTHPLACE (State or foreign country) <u>Platte, Kansas</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>		
13a. FATHER'S NAME <u>Roy Clifford Coif</u>		13b. MOTHER'S MAIDEN NAME <u>Ruby Dean Thompson</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>				
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ruby Dean Coif Platte City, Mo</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchial Pneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Hydrocephalus Congenital</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>752*</u>		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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) (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 <u>1:30 PM 4-13, 1951</u> , to <u>10:25 PM 4-13, 1951</u> , that I last saw the deceased <input checked="" type="checkbox"/> alive on <u>4-13, 1951</u> , and that death occurred at <u>10:25 p.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>H.M. Gilkey</u> (Degree or title) <u>H.M. Gilkey - MD</u>				23b. ADDRESS <u>1624 Prof Bldg</u>		23c. DATE SIGNED <u>4-13-51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>April 14 1951</u>		24c. NAME OF CEMETERY OR CREMATORY <u>OLATHE CITY CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>OLATHE KANSAS JOHNSON CO</u>		
DATE REC'D BY LOCAL REG. <u>4-15-51</u>		REGISTRAR'S SIGNATURE <u>Deraldine Holmes</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>HE Julien</u>		ADDRESS <u>OLATHE KANSAS</u>		

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

Chester L. Fleming

Licensed Embalmer No. *45097*

P. O. Address. *Clatsop, Kansas*

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.