

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

27999

State File No.

3481

BIRTH NO. FILED AUG 25 1952 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 MISSOURI b. COUNTY JACKSON 3224	
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY	
c. LENGTH OF STAY (up to this place) 43 Yrs.		d. STREET ADDRESS (If rural, give location) 18 W. 62ND. ST.	
d. FULL NAME OF HOSPITAL OR INSTITUTION 18 W. 62ND. ST.		d. STREET ADDRESS (If rural, give location) 18 W. 62ND. ST.	

3. NAME OF DECEASED (Type or Print) ERNEST			a. (First) L.		b. (Middle) COONS		c. (Last)		4. DATE OF DEATH (Month) (Day) (Year) 8 - 1 - 52				
5. SEX M		6. COLOR OR RACE W		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED /		8. DATE OF BIRTH July 20, 1874		9. AGE (In years last birthday) 78		IF UNDER 1 YEAR Months Days		IF UNDER 1 HR. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Salesman-Grocer				10b. KIND OF BUSINESS OR INDUSTRY SPRAGUE, WARNER CO.				11. BIRTHPLACE (City and State or Foreign Country) VANDALIA, MISSOURI			12. CITIZEN OF WHAT COUNTRY? USA		

13a. FATHER'S NAME SILAS COONS			13b. MOTHER'S MAIDEN NAME ELIZABETH FOX			14. NAME OF HUSBAND OR WIFE HAZEL ASHLEY COONS		
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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. 486-10-3569		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS. HAZEL A. COONS- 18 W. 62ND. ST.	
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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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Arteriosclerosis						INTERVAL BETWEEN ONSET AND DEATH 4 yrs	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Diabetes Mellitus						5 yrs	
		DUE TO (c)						260X	
		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 type="checkbox"/> NO <input checked="" type="checkbox"/>	
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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 10/1, 1948, to 8/1, 1952, that I last saw the deceased alive on 7/27, 1952, and that death occurred at 4:50 p.m., from the causes and on the date stated above.

23a. SIGNATURE James D. Smith (Degree or title) M.D.		23b. ADDRESS 318 Prof. Roy Ke No		23c. DATE SIGNED 8/1/52	
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24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		24b. DATE 8-1-52		24c. NAME OF CEMETERY OR CREMATORY MT. MORIAH		24d. LOCATION (City, town, or county) (State) KANSAS CITY, MISSOURI	
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DATE REC'D BY LOCAL REG. 8-4-52		REGISTRAR'S SIGNATURE Geraldine Holmes		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MC CLURE KANSAS CITY, MO.	
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

318

0112780

Prof. B. H. H.

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 Eugene L. Krumm

Licensed Embalmer No. 4673

P. O. Address Lawson City, Tenn.

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.