

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

BIRTH NO. 51670 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3877

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Kansas b. COUNTY Wyandotte	
b. CITY (If outside corporate limits, write RURAL and give township) Kansas City		c. CITY OR TOWN Kansas City	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>
c. LENGTH OF STAY (In this place) Life		e. STREET ADDRESS (If rural, give location) 2711 South 37th St.	
d. FULL NAME OF HOSPITAL OR INSTITUTION St. Lukes Hosp.		f. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1953	

3. NAME OF DECEASED (Type or Print) Brady Boy Coffey		4. DATE OF DEATH (Month) (Day) (Year) Aug. 2, 1953	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Child A	8. DATE OF BIRTH 8-2-53
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		9b. KIND OF BUSINESS OR INDUSTRY	9c. AGE (In years last birthday) 10
10a. USUAL OCCUPATION		10b. KIND OF BUSINESS OR INDUSTRY	10c. BIRTHPLACE (City and State or Foreign Country) Kansas City, Mo.
10d. USUAL OCCUPATION		10e. KIND OF BUSINESS OR INDUSTRY	10f. CITIZEN OF WHAT COUNTRY? U.S.

11. BIRTHPLACE (City and State or Foreign Country)	12. CITIZEN OF WHAT COUNTRY?
Kansas City, Mo.	U.S.
13a. FATHER'S NAME John C. Coffey	13b. MOTHER'S MAIDEN NAME Cleo M. Cronin
14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)	16. SOCIAL SECURITY NO.
17. INFORMANT'S SIGNATURE OR NAME John C. Coffey ADDRESS 2711 S. 37th St. K.C.K.	

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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity		40 Min
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) (Maternal Cause) DUE TO (c) Cerebral artery placental		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		774X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input 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 8-2-53, 1953, to 8-2-53, 1953; that I last saw the deceased alive on 8-2-53, 1953, and that death occurred at 10:20 P.M. from the causes and on the date stated above.

23a. SIGNATURE **G.P. Neighoff** (Degree or title) **MD** 23b. ADDRESS **Kansas City, Mo.** 23c. DATE SIGNED **8-5-53**

24a. BURIAL, CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Aug. 5, 1953** 24c. NAME OF CEMETERY OR CREMATORY **St. Mary's** 24d. LOCATION (City, town, or county) (State) **K.C. Mo.**

DATE REC'D BY LOCAL REG. **8-5-53** REGISTRAR'S SIGNATURE **Shalding Smith** 25. FUNERAL DIRECTOR'S SIGNATURE **Thos. E. Quirk** ADDRESS **4316 Troost K.C. Mo.**

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

Circumstances of Death

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, ~~by~~, Student Embalmer No. working under my personal supervision..

Student
Signature of Student Embalmer

Signed *Forrest P. Coldson*

Licensed Embalmer No. *4714*

P. O. Address *K. P. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.