

28563

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

3856

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3856</u>	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death.) a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u>			
b. CITY (If outside corporate limits, write RURAL and give OR TOWN <u>Kansas City</u>)		c. LENGTH OF STAY (In this place) <u>28 Days</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City, Rural</u>		d. STREET ADDRESS (If rural, give location) <u>6306 Wyndale Court, East-</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp.</u>				d. STREET ADDRESS (If rural, give location) <u>6306 Wyndale Court, East-</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Mrs Blossom</u>		b. (Middle) <u>Evaline</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Wood Hills District</u>		d. DATE OF DEATH (Month) (Day) (Year) <u>August 1, 1953</u>	
5. SEX <u>Female</u>		6. COLOR OR RACE <u>White</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>		8. DATE OF BIRTH <u>August 31, 1912</u>	
9. AGE (In years last birthday) <u>40 years</u>		10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>At home</u>		11. BIRTHPLACE (State or foreign country) <u>Laure, Kas.</u>	
12. CITIZEN OF WHAT COUNTRY <u>U. S. A.</u>		13a. FATHER'S NAME <u>E. G. Tipton</u>		13b. MOTHER'S MAIDEN NAME <u>Chloe Bowels</u>		14. NAME OF HUSBAND OR WIFE <u>Ray J. Coughlin</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>none</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Ray J. Coughlin 6306 Wyndale Court.</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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Pyelonephritis</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.				INTERVAL BETWEEN ONSET AND DEATH <u>10 Days</u> <u>6000</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) <u>Kansas City Jackson Mo</u>		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>2/14, 1950</u> to <u>8/1, 1953</u> , that I last saw the deceased alive on <u>8/1, 1953</u> , and that death occurred at <u>11:10 P.M.</u> from the causes and on the date stated above.	
23a. SIGNATURE <u>Richard L. Lerner M.D.</u>		23b. ADDRESS <u>1102 Grand Kansas City, Mo</u>		23c. DATE SIGNED <u>8/3/53</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>Aug. 4, 1953</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>K.C. Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. E. Quirk 4316 Troost Ave.</u>	
DATE REC'D BY LOCAL REG. <u>8-4-53</u>		REGISTRAR'S SIGNATURE <u>Seraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Thos. E. Quirk 4316 Troost Ave.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

FILED AUG 19 1953

No. 300

10. 4

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 _____
working under my personal supervision.

Student
Student Embalmer

Signed _____
Student Embalmer No. _____
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.