

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **8559**

1004

BIRTH FILED **MAR 25 1954** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY Jackson | | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY Jackson | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City | c. LENGTH OF STAY (in this place) 5 years | c. CITY OR TOWN Kansas City | Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> |
| d. FULL NAME OF HOSPITAL OR INSTITUTION. 4800 E. 124th St | | STREET ADDRESS (If rural, give location) 6605 E. 67th 3898 0 | |

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| 3. NAME OF DECEASED (Type or Print) | a. (First) ELWYN | b. (Middle) GRAY | c. (Last) COFFEE | 4. DATE OF DEATH (Month) (Day) (Year) March 5 1954 |
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| 5. SEX Male | 6. COLOR OR RACE White | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married | 8. DATE OF BIRTH January 29 1896 | 9. AGE (In years last birthday) 58 | IF UNDER 1 YEAR Months | IF UNDER 1 HR. Hours | IF UNDER 15 MIN. Min. |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) SUPERVISOR | 10b. KIND OF BUSINESS OR INDUSTRIAL DUSTRY ANIMAL SHELTER | 11. BIRTHPLACE (City and State or Foreign Country) Kansas City Missouri | 12. CITIZEN OF WHAT COUNTRY? USA |
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| 13a. FATHER'S NAME John Coffee | 13b. MOTHER'S MAIDEN NAME Daisy Boggs | 14. NAME OF HUSBAND OR WIFE Ruth Coffee |
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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. 495-05-6902 | 17. INFORMANT'S SIGNATURE OR NAME Mrs Ruth Coffee | ADDRESS 6605 E. 67th 26 mo |
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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. | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Anterior Pernicious Anemia - 1 week | | INTERVAL BETWEEN ONSET AND DEATH 4201 |
| | 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. | | |

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| 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) |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR? |
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22. I hereby certify that I attended the deceased from _____, 1932, to March 5, 1954, that I last saw the deceased alive on March 5, 1954, and that death occurred at 5 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE Ralph Perry M.D. | 23b. ADDRESS 4800 E 24 | 23c. DATE SIGNED March 5, 1954 |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial | 24b. DATE March 8, 1954 | 24c. NAME OF CEMETERY OR CREMATORY Floral Hill Cemetery | 24d. LOCATION (City, town, or county) (State) Kansas City, Missouri |
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| DATE REC'D BY LOCAL REG. 3-6-54 | REGISTRAR'S SIGNATURE Seraldine Smith | 25. FUNERAL DIRECTOR'S SIGNATURE Helms Funeral Home | ADDRESS 2315 Linwood 26 mo |
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WRITE PLAINLY—USING UNFADEING 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.....
Signature of Student Embalmer

Signed *Chas E Wilks*

Licensed Embalmer No. *2640*

P. O. Address *K.C. 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.