

STANDARD CERTIFICATE OF DEATH

State File No.

16644-54
FILED MAR 30 1954

BIRTH NO. REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 193

1. PLACE OF DEATH
 a. COUNTY Jasper
 b. CITY (If outside corporate limits, write RURAL and give township) Joplin
 c. LENGTH OF STAY (In this place) 2 da.
 d. FULL NAME OF HOSPITAL OR INSTITUTION St. John's Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission)
 a. STATE Kansas b. COUNTY Cherokee
 c. CITY (If outside corporate limits, write RURAL and give township) Columbus
 d. STREET ADDRESS (If rural, give location) R.R. 2

3. NAME OF DECEASED
 a. (First) SANDRA b. (Middle) RENEE c. (Last) COYLE
 (Type or Print)

4. DATE OF DEATH (Month) (Day) (Year)
 March 17, 1954

5. SEX Female

6. COLOR OR RACE white

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED

8. DATE OF BIRTH March 15, 1954

9. AGE (In years last birthday) IF UNDER 1 YEAR Days IF UNDER 1 YEAR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country) St. John's Hospital, Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME Charles T. Coyle

13b. MOTHER'S MAIDEN NAME Claudine Brooks

14. NAME OF HUSBAND OR WIFE infant

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 Charles T. Coyle, Columbus, Mo. R.R. 2

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) atelectasis
 ANTECEDENT CAUSES
 Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
 DUE TO (b) Prematurity
 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 @ 6 hrs.

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION 7625

20. AUTOPSY? YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from 3-15, 1954, to 3-17, 1954, that I last saw the deceased alive on 3-17, 1954, and that death occurred at m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) M.D.

23b. ADDRESS 7625

23c. DATE SIGNED 3/24/54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial

24b. DATE March 19, 1954

24c. NAME OF CEMETERY OR CREMATORY Friendship Cemetery

24d. LOCATION (City, town, or county) (State) Cherokee County, Kansas

DATE REC'D BY LOCAL REG. 3-25-54

REGISTRAR'S SIGNATURE

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS E. J. Gardner, Columbus, Kansas

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

RECEIVED MAR 29 1954
Jasper County Health Office
County File Number 54-3-25
Date Filed MAR 29 1954

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 Embalmer No.....

Signed.....
Student Embalmer

Signed *Steve Packer*.....

Licensed Embalmer No. *2547*.....

P. O. Address *Joplin 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 this body is not embalmed, fact should be so stated above.