

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

30527

State File No.

4287

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

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>KANSAS CITY</u>	c. LENGTH OF STAY (in this place) <u>35 YRS</u>	c. CITY OR TOWN <u>KANSAS CITY</u>	d. 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 <u>ST. MARY'S HOSPITAL</u>		STREET ADDRESS (If rural, give location) <u>2310 ELMWOOD STREET</u> <u>3348</u>	

3. NAME OF DECEASED (Type or Print)		4. DATE OF DEATH	
a. (First) <u>GEORGE</u>	b. (Middle) <u>Washington</u>	c. (Last) <u>Coffin Sr.</u>	(Month) (Day) (Year) <u>Sept 7, 1954</u>
5. SEX <u>MALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAY 25, 1874</u>
9a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>REPRESENTATIVE</u>	9b. KIND OF BUSINESS OR INDUSTRY <u>STEAMSHIP LINES</u>	9. AGE (In years less birthday) <u>80</u>	10. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
11. BIRTHPLACE (City and State or Foreign Country) <u>Richmond, Virginia</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	

13a. FATHER'S NAME <u>CHARLES WESLEY COFFIN</u>	13b. MOTHER'S MAIDEN NAME <u>JOSEPHINE NEVILLE</u>	14. NAME OF HUSBAND OR WIFE <u>VERA J. COFFIN</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>YES Sp. AMER.</u>	16. SOCIAL SECURITY NO. <u>702-19-0878</u>	17. INFORMANT'S SIGNATURE OR NAME <u>MRS. VERA J. COFFIN</u> ADDRESS <u>3310 ELMWOOD KANSAS CITY, MO</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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral thrombosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 days</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arterio sclerosis</u>		<u>years</u>
	DUE TO (c) <u>Guamanian Cerebral right frontal</u>		<u>15 mo</u>
11. OTHER SIGNIFICANT CONDITIONS related to the disease or condition causing death. <u>Stenosed aortic valve</u>		<u>years</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)
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 9-3, 1954, to 9-7, 1954, that I last saw the deceased alive on 9-6, 1954, and that death occurred at 1:30A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert M. Parker</u> (Degree or title) <u>MD</u>	23b. ADDRESS <u>520 Argyle</u>	23c. DATE SIGNED <u>9-7-54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>SEPT 9, 54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>FORREST HILL</u>
24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MO.</u>		

DATE REC'D BY LOCAL REG. <u>9-8-54</u>	REGISTRAR'S SIGNATURE <u>Neva Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. NEWCOMER'S SONS</u> ADDRESS <u>K.C. MO.</u>
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WRITE PLAINLY—USING UNFADING 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.....

Licensed Embalmer No. 418

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.