

FILED JUL 1 - 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

18585

State File No.

2553

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 township) OR TOWN <u>Kansas City</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>General Hospital No. 1</u>		e. STREET ADDRESS (If rural, give location) <u>834 N. Chestnut</u> <u>3048</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Henry</u> b. (Middle) <u>ALFRED</u> c. (Last) <u>Coston</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>6</u> <u>13</u> <u>1955</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>AUG-17-1898</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Maintenance Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>BRANDT BROS</u>	9. AGE (In years last birthday) <u>56</u>
11a. FATHER'S NAME <u>JOHN COSTON</u>		11b. MOTHER'S MAIDEN NAME <u>HARRIETT WELLS</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>PULLMAN WASHINGTON</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. MINNIE VERL COSTON</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>YES</u> (If yes, give war or dates of service) <u>1920</u>		16. SOCIAL SECURITY NO. <u>532-10-0223</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>MRS. MINNIE VERL COSTON</u>		ADDRESS <u>834 N. CHESTNUT 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Acute and chronic pyelonephritis and acute fibrinous pericarditis</u> 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>6000</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		
19c. AUTOPSY? YES <input checked="" 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) (Min)	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 May 31, 1955, to June 13, 1955, that I last saw the deceased alive on June 13, 1955, and that death occurred at 11:35 Am., from the causes and on the date stated above.

23a. SIGNATURE B. I. Burns (Degree or title) M.D. 23b. ADDRESS 24th & Cherry 23c. DATE SIGNED 6-14-55

24a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL 24b. DATE JUNE 16 1955 24c. NAME OF CEMETERY OR CREMATORY Mt. WASHINGTON CEMETERY 24d. LOCATION (City, town, or county) (State) KANSAS CITY MISSOURI

DATE REC'D BY LOCAL REG. 6-15-55 REGISTRAR'S SIGNATURE Neve Minchell 25. FUNERAL DIRECTOR'S SIGNATURE W.H. Neocomer ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.

WRITE PLAINLY—USING UNFAADING 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 *Albert L. Savage*

Licensed Embalmer No. *481*

P. O. Address *Kansas*

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.