

FILED JAN 27 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1509

BIRTH NO. _____		REG. DIST. NO. 146		PRIMARY REG. DIST. NO. 3026		Registrar's No. 24	
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 Independence		c. LENGTH OF STAY (in this place) 15 yrs		c. CITY OR TOWN Independence		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION DOA Sanitarium				e. STREET ADDRESS (If rural, give location) 1700 E. Mechanic			
3. NAME OF DECEASED (Type or Print) a. (First) William			b. (Middle) Eugene		c. (Last) Coffman		4. DATE OF DEATH (Month) (Day) (Year) Jan. 14, 1956
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) divorced	8. DATE OF BIRTH Oct. 19, 1929		9. AGE (In years last birthday) 26	IF UNDER 1 YEAR Months	IF UNDER 24 HRS. Hours
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Trimmer		10b. KIND OF BUSINESS OR INDUSTRY Fisher Body Co.		11. BIRTHPLACE (City and State or Foreign Country) Johnson County, Mo.		12. CITIZEN OF WHAT COUNTRY? USA	
13a. FATHER'S NAME C. W. Coffman			13b. MOTHER'S MAIDEN NAME Lucille Norman		14. NAME OF HUSBAND OR WIFE none		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) yes Korea		16. SOCIAL SECURITY NO. 493 26 0766		17. INFORMANT'S SIGNATURE OR NAME ADDRESS C. W. Coffman, Independence, Mo.			
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Stroke - Hemorrhage resulting from multiple skull fractures, Hemiparesis, Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (b) <i>ruptured Spleen + spleen</i> 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	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 8194 31				20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <i>accident</i>		21b. PLACE OF INJURY (e.g., in or about home, farm, store, office bldg., etc.) <i>store</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Jackson Mo</i>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) 1-14-56 3:36 P.M.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Car struck concrete overpass</i>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <i>Theo. C. Barron, Deputy Coroner</i>				23b. ADDRESS <i>6627 Prudett St. New</i>		23c. DATE SIGNED <i>1-14-56</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE <i>1/16/56</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Floral Hills Cem.</i>		24d. LOCATION (City, town, or county) (State) <i>Raytown, Mo.</i>		
DATE REC'D BY LOCAL REG. <i>1-16-56</i>		REGISTRAR'S SIGNATURE <i>J. P. ...</i>		25. FUNERAL DIRECTOR'S SIGNATURE <i>Theo. C. Barron</i>		ADDRESS <i>Independence, Mo.</i>	

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

APR 8 1951

JUN 7 1956

JAN 27 1958

FEB 7 1956

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 Tom D. Markland

Licensed Embalmer No. 459

P. O. Address Indep

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.