

FILED DEC 31 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **41402**BIRTH NO. **86928-56** REG. DIST. NO. **149** PRIMARY REG. DIST. NO. **1002** Registrar's No. **5387**

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) Kansas City		c. LENGTH OF STAY (in this place) 2 Days	c. CITY OR TOWN Independence		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 St. Mary's Hospital			STREET ADDRESS (If rural, give location) 10021 East New 40 Highway		
3. NAME OF DECEASED (Type or Print) JOHNNIE		a. (First)	b. (Middle) DEAN	c. (Last) COATES	4. DATE OF DEATH (Month) (Day) (Year) Dec. 9, 1956
5. SEX <input checked="" type="checkbox"/> Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Infant	8. DATE OF BIRTH 12-7-1956	9. AGE (In years last birthday) 2	IF UNDER 1 YEAR Months 2
IF UNDER 24 HRS. Hours 2	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Dean Coates		13b. MOTHER'S MAIDEN NAME Barbara J. Cook		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) No		16. SOCIAL SECURITY NO. None	17. INFORMANT'S SIGNATURE OR NAME Dean Coates		ADDRESS Home
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) Congenital Heart Disease Congenital Hypertropia of Right Lung 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.		INTERVAL BETWEEN ONSET AND DEATH 7544
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION			20. 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 (Month) (Day) (Year) (Hour) OF INJURY		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 Dec 7, 1956 , to Dec 9, 1956 , that I last saw the deceased alive on 12-9-1956 and that death occurred at _____ m., from the causes and on the date stated above.					
23a. SIGNATURE Robert Jansen (Degree or title) M.D.			23b. ADDRESS 101 E 63rd St.		23c. DATE SIGNED 12-9-56
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal	24b. DATE 12-9-1956	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) Garnett, Kansas	
DATE REC'D BY LOCAL REG. 12-11-56		REGISTRAR'S SIGNATURE Nevar Minshall		25. FUNERAL DIRECTOR'S SIGNATURE Stine-McClure ADDRESS Kansas City, Missouri	

(Licensed Embalmer's Statement on Reverse Side)

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

0.300
0.48

Set 7-10

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 *J. H. Crowell*

Licensed Embalmer No. *490*

P. O. Address *H. C. M.*

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.