

Health, welfare, public service, 000-56, diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

8609

FILED APR 10 1957

STATE FILE NUMBER 1353

Registration District No. 149 Primary Registration District No. 1002 Registrar's No.

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, give TOWNSHIP only) KANSAS City		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY KANSAS City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF HOSPITAL OR INSTITUTION TRINITY LUTHERAN HOSPITAL				Length of stay in hospital 30 YRS		d. STREET ADDRESS 3826 FOREST (If outside, give location)	
3. NAME OF DECEASED (Type or print) First STEPHEN Middle E. Last COBURN				4. DATE OF DEATH MARCH 20, 1957 Month MARCH Day 20 Year 1957			
5. SEX MALE		6. COLOR OR RACE White		7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH Nov. 11, 1869	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) OWNER - RETIRED		10b. KIND OF BUSINESS OR INDUSTRY GENERAL MERCHANDISE STORE		11. BIRTHPLACE (City and state or country) ELLSWORTH MAINE		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13. FATHER'S NAME UNKNOWN COBURN				14. MOTHER'S MAIDEN NAME UNKNOWN			
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 Address MRS. H. W. LOHEFNER 3826 FOREST AVE. KANSAS CITY, MO.			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Myocardial Infarction						INTERVAL BETWEEN ONSET AND DEATH few hours	
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.		DUE TO (b) Hypertensive Arteriosclerotic Heart Disease				DUE TO (c) Several years	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)				
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____							
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION			COUNTY
20g. STATE							
21. I attended the deceased from Feb 1957 to Mar 20 1957 and last saw ^{her} him alive on Mar 20, 57 Death occurred at 2:50 p. m. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Degree or title) John M. Powers M.D.				22b. ADDRESS 3304 Linwood		22c. DATE SIGNED 3/22/57	
23a. BURIAL OR CREMATION, REMOVAL (Specify)		23b. DATE		23c. NAME OF CEMETERY OR CREMATORY		23d. LOCATION (City, town, or county) (State)	
BURIAL		MAR 23 1957		MT. MORIAH CEMETERY		KANSAS CITY MISSOURI	
24. FUNERAL DIRECTOR D. W. NEWCOMER SONS				25. DATE RECD. BY LOCAL REG. 3-23-57		26. REGISTRAR'S SIGNATURE Reva Marshall	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE
John M. Powers

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 *Robert Ray*.....
Licensed Embalmer No. *41*

P. O. Address *K. C., Mo.*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.

