

FILED JUN 28 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

'57 021005
STATE FILE NUMBER
2712

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 Kansas b. COUNTY Wyandotte		
b. CITY (If outside corporate limits, give TOWNSHIP OR TOWN Kansas City)		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City		8150 8 Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) INSTITUTION DeLora Rest Home			Length of stay in lb 3 1/2 Months		d. STREET ADDRESS (If outside, give location) 2029 Sandusky
3. NAME OF DECEASED (Type or print) First AUSTIN Middle L. Last Coleman			4. DATE OF DEATH Month June Day 9 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. 21, 1870	9. AGE (In years last birthday) 86 yrs.	IF UNDER 1 YEAR Months 8 Days 8 Hours 8 Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Telegrapher		10b. KIND OF BUSINESS OR INDUSTRY Railroad		11. BIRTHPLACE (City and state or country) Anna Ill.	
12. CITIZEN OF WHAT COUNTRY? U.S.A.			13. FATHER'S NAME Charles Coleman		
14. MOTHER'S MAIDEN NAME Corlee Coleman Mullins			15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) No		
16. SOCIAL SECURITY NO. unknown			17. INFORMANT Earl M. Coleman Address 2029 Sandusky		
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Bronchopneumonia					INTERVAL BETWEEN ONSET AND DEATH 5 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.					DUE TO (b) _____ DUE TO (c) _____
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a) Generalized arteriosclerosis					19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> 2
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. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)			
20e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from 5-25-57 to 6-9-57 and last saw him her alive on 6-4-57 . Death occurred at 2:30 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE (Degree or title) Wilson H. Miller, M.D.			22b. ADDRESS 476 20 Sandusky Kansas City, Mo		22c. DATE SIGNED 6-10-57
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 6/11/57	23c. NAME OF CEMETERY OR CREMATORY Maple Hill Cem.		23d. LOCATION (City, town, or county) (State) Kansas City Kansas
24. FUNERAL DIRECTOR George F. Porter & Sons K.C.Ks. ADDRESS _____		25. DATE RECD. BY LOCAL REG. 6-10-57		26. REGISTRAR'S SIGNATURE Howe Minshall	

Wilson H. Miller

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..... *Chas H. Rider*

Licensed Embalmer No. *34*

P. O. Address..... *Kansas*

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.