t. Health,
, & Welfare
S. Public
th Service

S. 300
v. 1-57

THE DIVISION OF HEALTH OF MISSOURI

STANDARD CERTIFICATE OF DEATH

58-025394
STATE FILE NUMBER

FILED JUL 17 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3143

1. PLACE OF DEATH
a. COUNTY: Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION: St. Marys Hosp. — Length of stay in 1b: 18 yrs

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE: Missouri b. COUNTY: Jackson
c. CITY OR TOWN: Kansas City — Inside Limits: Yes [X] No [ ]
d. STREET ADDRESS (If outside, give location): 2415 A Brooklyn — Reside on Farm: Yes [ ] No [ ]

3. NAME OF DECEASED (Type or print): First: DOCK Middle: Last: COLEMAN

4. DATE OF DEATH Month Day Year: June 24, 1958

5. SEX: Male **6. COLOR OR RACE:** Col **7. MARRIED** [X] **NEVER MARRIED** [ ] **WIDOWED** [ ] **DIVORCED** [ ]

8. DATE OF BIRTH: 6-4-1890 **9. AGE** (In years last birthday): 68 **IF UNDER 1 YEAR** Months Days **IF UNDER 24 HRS.** Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Retired Freight Hand. **10b. KIND OF BUSINESS OR INDUSTRY:** K.C. S RR. **11. BIRTHPLACE** (City and state or country): Mansfield, La **12. CITIZEN OF WHAT COUNTRY?**

13a. FATHER'S NAME: Albert Coleman **13b. MOTHER'S MAIDEN NAME:** Mildred ? **14. NAME OF HUSBAND OR WIFE:** Bertha Coleman

15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown): yes (If yes, give war or dates of service): WW I **16. SOCIAL SECURITY NO.:** 702-12-1768 **17. INFORMANT:** Bertha Coleman Address: 2415 A Brooklyn

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Cerebral hemorrhage
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Hypertensive Cardio-vascular disease
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH: 4437
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? 0 YES [ ] NO [ ]

MEDICAL CERTIFICATION

20a. ACCIDENT [ ] **SUICIDE** [ ] **HOMICIDE** [ ] **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. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK [ ] NOT WHILE AT WORK [ ] **20e. PLACE OF INJURY** (e.g., in or about home, farm, factory, street, office bldg., etc.) **20f. CITY, TOWN, OR LOCATION** COUNTY STATE

21. I attended the deceased from 6-22-58, to _____ and last saw her/him alive on 6-23-58
Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Harry K. Cohen (Degree or title) M.D. **22b. ADDRESS** 318 Argyle Bldg **22c. DATE SIGNED** 6-24-58

23a. BURIAL, CREMATION, REMOVAL (Specify): Removal **23b. DATE:** 6-27-58 **23c. NAME OF CEMETERY OR CREMATORY:** National Cemetery **23d. LOCATION** (City, town, or county) (State): Ft. Leavenworth Kansas

24. FUNERAL DIRECTOR: Nathan W. Thatcher **ADDRESS:** Kansas City **25. DATE REC'D BY LOCAL REG.:** 6-26-58 **26. REGISTRAR'S SIGNATURE:** Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed.
All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

Harry K. Cohen

JUL 17 1958

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 Clifford G. Woods

Licensed Embalmer No. 3106

P. O. Address 1520 M.S.

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.