

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-032610
STATE FILE NUMBER

FILED SEP 16 1958 Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 4055

S. 300
v. 1-57 4

All diseases in Part I must be causally related.

MEDICAL CERTIFICATION
A. DAVIS USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

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) OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR 3918 CHARLOTTE STREET INSTITUTION GROSSE NURSING HOME		Length of stay in 1b 70 YRS	d. STREET ADDRESS 235 WARD PARKWAY		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last EMMA EARNEST COYLE			4. DATE OF DEATH Month Day Year AUGUST 23 1958		
5. SEX FEMALE	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 SEPT. 15 - 1876	9. AGE (In years last birthday) 81 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) HOUSE WIFE		10b. KIND OF BUSINESS OR INDUSTRY AT HOME	11. BIRTHPLACE (City and state or country) CARBONDALE, KANSAS		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13a. FATHER'S NAME EDWARD E. THOMAS		13b. MOTHER'S MAIDEN NAME KATE B. MOORE		14. NAME OF HUSBAND OR WIFE THOMAS COYLE	
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 235 WARD PKY. MRS. ROSS B. MEYERS - 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) Metastatic Carcinoma of lung Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. } DUE TO (b) Carcinoma left breast DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)					INTERVAL BETWEEN ONSET AND DEATH 1 month 6 years 170k
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 Month, Day, Year 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 STATE	
21. I attended the deceased from Aug. 1952 to Aug. 23, 1958 and last saw her alive on July 26, 1958 Death occurred at 3:45 P. m on the date stated above; and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE Kenneth A. Davis M.D. (Degree or title)		22b. ADDRESS 201 Plaza Theater Bldg Kansas City, Mo		22c. DATE SIGNED 8-25-58	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. DATE AUG-25-1958		23c. NAME OF CEMETERY OR CREMATORY DW. NEWCOMER'S SONS	
24. FUNERAL DIRECTOR DW. NEWCOMER'S SONS ADDRESS 1331 BRUH CREEK KANSAS CITY, MO.		23d. LOCATION (City, town, or county) (State) KANSAS CITY, MO.		25. DATE RECD. BY LOCAL REG. 8-25-58	
				26. REGISTRAR'S SIGNATURE neva minshall	

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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 *James W. Pearson*

Licensed Embalmer No. *4889*

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

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.