

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-039889

STATE FILE NUMBER

FILED NOV 19 1958

Registration District No.

149

Primary Registration District No.

1002

Registrar's No.

5238

1. PLACE OF DEATH a. COUNTY <b>JACKSON</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>MISSOURI</b> b. COUNTY <b>JACKSON</b>									
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <b>Kansas City</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>							
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>4014 TERRACE</b>			Length of stay in lb <b>54 YRS</b>		d. STREET ADDRESS (If outside, give location) <b>4014 TERRACE</b>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>						
3. NAME OF DECEASED (Type or print) First <b>SUSANNE</b> Middle <b>COYLE</b> Last <b>COYLE</b>				4. DATE OF DEATH Month <b>Nov</b> Day <b>3</b> Year <b>1958</b>									
5. SEX <b>Female</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>2-26-1867</b>		9. AGE (In years last birthday) <b>91</b>		IF UNDER 1 YEAR Months <b>0</b> Days <b>0</b>		IF UNDER 24 HRS. Hours <b>0</b> Min. <b>0</b>			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>HOUSEWIFE</b>			10b. KIND OF BUSINESS OR INDUSTRY <b>Home</b>		11. BIRTHPLACE (City and state or country) <b>Meadville PENNY.</b>		12. CITIZEN OF WHAT COUNTRY? <b>U. S. A.</b>						
13a. FATHER'S NAME <b>William H. Chase</b>			13b. MOTHER'S MAIDEN NAME <b>mrs. margaret ann</b>			14. NAME OF HUSBAND OR WIFE <b>FRANK J. Coyle</b>							
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no or unknown) (If yes, give war, dates of service) <b>NO NONE</b>			16. SOCIAL SECURITY NO. <b>none</b>			17. INFORMANT Name <b>Mrs. Jesse H Maberry</b> Address <b>4014 Terrace K.C. Mo</b>							
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Right Hemiplegia &amp; total Coma</b>								INTERVAL BETWEEN ONSET AND DEATH <b>8 days</b>					
Conditions, if any, which gave rise to above cause (a), starting the underlying cause last. } DUE TO (b) <b>Cerebral Hemorrhage</b>								<b>8 days</b>					
DUE TO (c) <b>Cerebral Arteriosclerosis</b>								<b>years</b>					
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Senility + malnutrition</b>								19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>					
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/> <b>None</b>			20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18). <b>none</b>										
20c. TIME OF INJURY Hour <b>none</b> Month <b>none</b> Day <b>none</b> Year <b>none</b>			(Patient had been under the care of Dr. Don C. Peate, M.D., with whom I office. I saw her only the last time. Dr. Peate was out of the city.)										
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> AT HOME <input checked="" type="checkbox"/>			20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>none</b>			20f. CITY, TOWN, OR LOCATION <b>was out of the city.</b>			COUNTY <b>JACKSON</b>			STATE <b>MISSOURI</b>	
21. I attended the deceased from <b>Nov 3 1958</b> <b>11-3-58</b> and last saw her alive on <b>Nov 3 1958</b> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.													
22a. SIGNATURE (Degree or title) <b>J. Harvey Jennett, M.D.</b>						22b. ADDRESS <b>1500 Professional Bldg. Kansas City 6 Mo</b>			22c. DATE SIGNED <b>11-5-58</b>				
23a. PORTAL OF BURIAL (Specify) <b>BURIAL</b>		23b. DATE <b>Nov-6-1958</b>		23c. NAME OF CEMETERY OR CREMATORY <b>CALVARY Cemetery</b>			23d. LOCATION (City, town, or county) (State) <b>KANSAS CITY MISSOURI</b>						
24. FUNERAL DIRECTOR <b>Gates Funeral Home</b>				ADDRESS <b>Kan City Kan</b>		25. DATE RECD. BY LOCAL REG. <b>11-5-58</b>		26. REGISTRAR'S SIGNATURE <b>neva mirishall</b>					

(Licensed Embalmer's Statement on Reverse Side)

J. Harvey Jennett USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION

All diseases in Part I must be causally related.



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 ..... *Paul R. Williamson*

Licensed Embalmer No. *5009*

P. O. Address *O. N. ...*

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.