

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-013235

STATE FILE NUMBER

FILED APR 20 1959

Registration District No. 1499

Primary Registration District No. 1002

Registrar's No. 1613

300
1-57

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. (If institution: Residence before admission)) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN <u>Kansas City</u> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>703 E 9th</u>		d. STREET ADDRESS (If outside, give location) <u>703 E 9th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <u>GEORGE</u> Middle <u>COOTS</u> Last <u>COOTS</u>		4. DATE OF DEATH Month <u>3</u> Day <u>29</u> Year <u>59</u>	
5. SEX <u>M</u>	6. COLOR OR RACE <u>W</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>July 4 1892</u>
9. AGE (In years last birthday) <u>66</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	11. BIRTHPLACE (City and state or country) <u>Weston, Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u>		13. FATHER'S NAME <u>S. W. Coats</u>	
14. MOTHER'S MAIDEN NAME <u>Alma Volley</u>		15. NAME OF HUSBAND OR WIFE	
16. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		17. SOCIAL SECURITY NO. <u>424-45-3331</u>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>Cause of death unknown</u> Conditions, if any, which gave rise to above cause (a), starting 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). <u>Not decomposed to test</u>		19. INTERVAL BETWEEN ONSET AND DEATH	
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. _____ Month, Day, Year _____		20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20e. CITY, TOWN, OR LOCATION		20f. COUNTY STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ 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) <u>Hugh H. Owen</u>		22b. ADDRESS <u>1034 Walnut Bldg</u>	
22c. DATE SIGNED <u>3-30-59</u>		22d. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u>	
22e. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>		22f. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u>	
23a. FUNERAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		23b. DATE <u>3-30-59</u>	
23c. NAME OF CEMETERY OR CREMATORY <u>Laurel Hill Cem</u>		23d. LOCATION (City, town, or county) (State) <u>Weston, Mo.</u>	
24. FUNERAL DIRECTOR <u>SEBBETO'S</u>		25. DATE RECD. BY LOCAL REG. <u>3-30-59</u>	
26. REGISTRAR'S SIGNATURE <u>K.C. Mo.</u>		26. REGISTRAR'S SIGNATURE <u>neva Minshall</u>	

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

Hugh H. Owen S

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was ^{Not} embalmed by me, or by, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Forrest D. Coldman*

Licensed Embalmer No. *4774*

P. O. Address *K. 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.