

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH
FILED VS MAY 16 1960

60-015234

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2294 STATE FILE NUMBER

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 only) OR TOWN Kansas City	Length of stay in 1b 1 Day	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 INSTITUTION St. Mary's Hospital		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4162 State Line

3. NAME OF DECEASED (Type or print) First Middle Last Francis T. Coyle			4. DATE OF DEATH Month Day Year April 23, 1960	
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5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 1/10/1908	9. AGE (last birthday) 52	IF UNDER 1 YEAR Months Days	IF UNDER 24 HR Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Employee for Board of Public Utilities	10b. KIND OF BUSINESS OR INDUSTRY K.C.K.	11. BIRTHPLACE (City and state or country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Bartholemew M. Coyle	13b. MOTHER'S MAIDEN NAME Julia Carroll	14. NAME OF HUSBAND OR WIFE Dorothy E. Coyle
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Army # 2	16. SOCIAL SECURITY NO. 702-14-5482	17. INFORMANT Address Mrs. Dorothy E. Coyle, 4162 State Line K.C.K.
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Complicated Massive Bilateral Pneumonia		INTERVAL BETWEEN ONSET AND DEATH 48 hrs - one week.
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Influenza.	
	DUE TO (c)	

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Fatty degeneration of liver	PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	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.)
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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.) 4162 State Line	20f. CITY, TOWN, OR LOCATION COUNTY STATE 60 4/23/60 Lenexa, Kansas
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21. I attended the deceased from 4/23 6:00 PM to 6:00 4/23/60 and last saw him alive on April 23, 1960 Death occurred at 7:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated.
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22a. SIGNATURE (Degree or title) J.O. Connell MD	22b. ADDRESS 4178 Cambridge K.C. Ks	22c. DATE SIGNED 4/25/60
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 4/26/1960	23c. NAME OF CEMETERY OR CREMATORY Resurrection Cemetery	23d. LOCATION (City, town, or county) (State) Lenexa, Kansas
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24. FUNERAL DIRECTOR ADDRESS Jos. A. Butler's Sons, K. C. Kansas	25. DATE RECD. BY LOCAL REG. 4-25-60	26. REGISTRAR'S SIGNATURE Neva Minshall
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DOCUMENT
MEDICAL CERTIFICATION
BY AFFIDAVIT OF J.O. Connell

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by _____
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed _____
Tom Bee

Licensed Embalmer No. 3426 M

P. O. Address KC 2 Kas

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to conform 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.