

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-045980

FILED VS JAN 11 1961 149

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 6360 STATE FILE NUMBER

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Jackson</b> b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b> Length of stay in lb <b>Life</b> c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>1607 White</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>			<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b> c. CITY OR TOWN <b>Kansas City</b> Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) <b>1607 White</b> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>							
<b>3. NAME OF DECEASED</b> (Type or print) First <b>DALE</b> Middle <b>KENDAL</b> Last <b>COFFMAN</b>			<b>4. DATE OF DEATH</b> Month <b>December</b> Day <b>19</b> Year <b>1960</b>							
<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. Married</b> <input type="checkbox"/> <b>Never Married</b> <input checked="" type="checkbox"/> <b>Widowed</b> <input type="checkbox"/> <b>Divorced</b> <input type="checkbox"/>	<b>8. DATE OF BIRTH</b> <b>Oct 4 60</b>	<b>9. AGE (last birthday)</b> IF UNDER 1 YEAR: Months <b>2</b> Days <b>15</b> IF UNDER 24 HR: Hours <b></b> Min. <b></b>	<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Infant</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b></b>	<b>11. BIRTHPLACE</b> (City and state or country) <b>Kansas City Mo</b>	<b>12. CITIZEN OF WHAT COUNTRY</b> <b>USA</b>		
<b>13a. FATHER'S NAME</b> <b>Jim Dale Coffman</b>			<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lois M Anderson</b>			<b>14. NAME OF HUSBAND OR WIFE</b> <b></b>				
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>			<b>16. SOCIAL SECURITY NO.</b> <b>None</b>			<b>17. INFORMANT</b> Address <b>Jim D Coffman 1607 White K C Mo</b>				
<b>18. CAUSE OF DEATH</b> (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Branch Pneumonia</b> Conditions, if any, which gave rise to above cause (a), stating 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) <b>Caught bar over week</b>								INTERVAL BETWEEN ONSET AND DEATH <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		
<b>19. WAS AUTOPSY PERFORMED?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	<b>20a. ACCIDENT</b> <input type="checkbox"/> <b>SUICIDE</b> <input type="checkbox"/> <b>HOMICIDE</b> <input type="checkbox"/>			<b>20b. DESCRIBE HOW INJURY OCCURRED.</b> (Enter nature of injury in PART I or PART II of item 18.) <b></b>						
<b>20c. TIME OF INJURY</b> Hour _____ a.m. _____ p.m. Month, Day, Year _____			<b>20d. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> <b>NOT WHILE AT WORK</b> <input checked="" type="checkbox"/>			<b>20e. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.) _____			<b>20f. CITY, TOWN, OR LOCATION</b> _____ <b>COUNTY</b> _____ <b>STATE</b> _____	
<b>21. I attended the deceased from _____ to _____ and last saw her/him alive on _____</b> Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.										
<b>22a. SIGNATURE</b> (Degree or title) <i>Hugh H. Owens, Coroner</i>					<b>22b. ADDRESS</b> <b>152 Mission Station</b>		<b>22c. DATE SIGNED</b> <b>12-19-60</b>			
<b>23a. BURIAL, CREMATION, REMOVAL (Specify)</b> <b>Removal</b>			<b>23b. DATE</b> <b>12/19/60</b>		<b>23c. NAME OF CEMETERY OR CREMATORY</b> <b>Poplar Bluff Missouri</b>		<b>23d. LOCATION</b> (City, town, or county) (State) <b>Poplar Bluff Missouri</b>			
<b>24. FUNERAL DIRECTOR</b> ADDRESS <b>Sheil Funeral Home Kansas City Mo</b>					<b>25. DATE RECD. BY LOCAL REG.</b> <b>12-19-60</b>		<b>26. REGISTRAR'S SIGNATURE</b> <i>H-L-Dewyer</i>			

DOCUMENT

BY AFFIDAVIT OF Hugh H. Owens MEDICAL CERTIFICATION

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 Douglas E. Hobson, Student Embalmer No. 620

working under my personal supervision.

Student Douglas E. Hobson Signed Richard E. Carroll  
Signature of Student Embalmer

Licensed Embalmer No. 4829

P. O. Address KC Mo

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

Special Licensee