

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-017357

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1.002 Registrar's No. 2046

AMENDED

DATE AMENDED

INSTEAD OF

BY AFFIDAVIT OF

STATEMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT MEDICAL CERTIFICATION

FILED MAY 17 1961

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY<br><b>Jackson</b>  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)<br>a. STATE <b>Missouri</b> b. COUNTY <b>Jackson</b>                  |  |
| b. CITY (If outside corporate limits, give TOWNSHIP only)<br>OR TOWN<br><b>Kansas City</b>  |  | c. CITY OR TOWN<br><b>Kansas City</b>   |  |
| Length of stay in 1b<br><b>30 yrs</b>   |  | Inside Limits<br>Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>  |  |
| c. FULL NAME OF (If NOT in hospital, give location)<br>HOSPITAL OR INSTITUTION<br><b>2714 E 18th St.</b>  |  | d. STREET ADDRESS (If outside, give location)<br><b>2714 E 18th St.</b>   |  |
| 3. NAME OF DECEASED (Type or print)<br>First Middle Last<br><b>JOHN HENRY COLEMAN</b>   |  | 4. DATE OF DEATH<br>Month Day Year<br><b>April 22 1961</b>  |  |
| 5. SEX<br><b>male</b>   | 6. COLOR OR RACE<br><b>Negro</b>   | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/><br>Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH<br><b>1 1 1978</b>  |
| 9. AGE (last birthday)<br><b>88 yrs</b>   |  | IF UNDER 1 YEAR<br>Months Days Hours Min.   |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><b>laborer</b>   |  | 10b. KIND OF BUSINESS OR INDUSTRY<br><b>construction</b>  | 11. BIRTHPLACE (City and state or country)<br><b>Memphis Tenn</b>  |
| 12. CITIZEN OF WHAT COUNTRY<br><b>U S A</b>   |  | 13a. FATHER'S NAME<br><b>unknown</b>  |  |
| 13b. MOTHER'S MAIDEN NAME<br><b>unknown</b>   |  | 14. NAME OF HUSBAND OR WIFE<br><b>Leona Coleman (deceased)</b>  |  |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)<br><b>unknown</b>  |  | 17. INFORMANT Address<br><b>county welfare records (Jackson)</b>  |  |
| 18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).<br>PART I. DEATH WAS CAUSED BY:<br>IMMEDIATE CAUSE (a) <b>Shock</b>  |  |   | INTERVAL BETWEEN ONSET AND DEATH   |
| DUE TO (b) <b>Fracture of Skull middle Fossa</b>  |  |   |  |
| DUE TO (c) <b>Fall down stairs.</b>   |  |   |  |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)<br><b>Cerebral atherosclerosis</b>                              |  |   | PART III. If deceased was female was there a pregnancy in last 90 days.<br><input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown |
| 19. WAS AUTOPSY PERFORMED?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>   | 20a. ACCIDENT <input checked="" 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.)<br><b>Fall down stairs.</b>                                    |  |
| 20c. TIME OF INJURY<br>Hour <b>5:38</b><br>p.m.   | Month, Day, Year<br><b>4/22/61</b>   |   |  |
| 20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>   | 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)<br><b>2714 E 18</b>         | 20f. CITY, TOWN, OR LOCATION<br><b>Kansas city, jackson, mo</b>   | COUNTY STATE   |
| 21. I attended the deceased from _____ to _____ and last saw him/her alive on _____<br>Death occurred at _____ on the date stated above, and to the best of my knowledge, from the causes stated. |  |   |  |
| 22a. SIGNATURE<br><b>Deputy Coroner</b>   |  | 22b. ADDRESS<br><b>1618 Lydia Ave</b>   | 22c. DATE SIGNED<br><b>4/25/61</b>   |
| 23a. BURIAL, CREMATION, REMOVAL (Specify)   | 23b. DATE<br><b>May 3 1961</b>   | 23c. NAME OF CEMETERY OR CREMATORY<br><b>Mt Calvary Cemetery</b>  | 23d. LOCATION (City, town, or county) (State)<br><b>Kansas City Kansas</b>   |
| 24. FUNERAL DIRECTOR<br><b>C. K. Kerford Funeral Home K. C. Mo.</b>   | 25. DATE RECD. BY LOCAL REG.<br><b>4-25-61</b>   | 26. REGISTRAR'S SIGNATURE<br><b>Ruth Long</b>   |  |

**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 *C. Kenneth Proyer*

Licensed Embalmer No. 4437

P. O. Address *A. C. Proyer*

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.