

MOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

61-021214
STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 10023 Registrar's No. 2782

AMENDED

FILED JUN 21 1961

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <u>mo</u> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) <u>Kansas City</u>		Length of stay in 1b <u>25 yrs</u>	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>2010 E 11th</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <u>2010 E 11th</u> Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last
GEORGE DAVID COMEAU

4. DATE OF DEATH Month Day Year
6 - 2 - 1961

5. SEX male 6. COLOR OR RACE white 7. Married Never Married
Widowed Divorced 8. DATE OF BIRTH 9/2/1896 9. AGE (last birthday) 64

IF UNDER 1 YEAR IF UNDER 24 HR
Months Days Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
Concessionaire (retired) 10b. KIND OF BUSINESS OR INDUSTRY Market 11. BIRTHPLACE (City and state or country)
Tombahawk, Wis 12. CITIZEN OF WHAT COUNTRY
U.S.A.

13a. FATHER'S NAME Alexander Comeau 13b. MOTHER'S MAIDEN NAME Mary Comier 14. NAME OF HUSBAND OR WIFE
Vivian Comeau

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) | (If yes, give war or dates of service)
Yes U.S.A. 17. INFORMANT Vivian Comeau Address 2010 E 11th K.C. Mo.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Coronary Occlusion
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) _____

PART III. If deceased was female was there a pregnancy in last 90 days.
 Yes No Unknown

19. WAS AUTOPSY PERFORMED? YES NO 20a. ACCIDENT SUICIDE HOMICIDE 20b. DESCRIBE HOW INJURY OCCURRED. (Enter location of injury in PART I or PART II of item 18.) _____

20c. TIME OF INJURY Hour 1 Month, Day, Year _____
a.m. p.m.

20d. INJURY OCCURRED WHILE AT WORK NOT WHILE AT WORK 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____ 20f. CITY, TOWN, OR LOCATION 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) Hugh H. Owens Coroner 22b. ADDRESS 152 Union Station 22c. DATE SIGNED 6-5-61

23. BURIAL CREMATION REMOVAL (Specify) Burial 23b. DATE 6-5-1961 23c. NAME OF CEMETERY OR CREMATORY Mt. Washington Cem. 23d. LOCATION (City, town, or county) Kansas City, Mo.

24. FUNERAL DIRECTOR C. H. Blackman & Son K.C., Mo ADDRESS _____ 25. DATE RECD. BY LOCAL REG. 6-5-61 26. REGISTRAR'S SIGNATURE Ruth Long

DATE AMENDED

INSTEAD OF

DOCUMENT

BY AFFIDAVIT OF H. Owens

ITEM NO. SHOULD READ

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 Bert B. Bennett

Licensed Embalmer No. 4656

P. O. Address Kansas City

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.