SSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

-61-021222
STATE FILE NUMBER

AMENDED

Registration District No. 149 Primary Registration District No. 002 Registrar's No. 2736

FILED JUN 21 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City — Length of stay in 1b unk. — Inside Limits
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Kansas City Mo. — Inside Limits Yes ☒ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo b. COUNTY Jackson
c. CITY OR TOWN Kansas City — Inside Limits Yes ☒ No ☐
d. STREET ADDRESS (If outside, give location) 2823 Forest — Reside on Farm Yes ☐ No ☒

3. NAME OF DECEASED (Type or print) First Robert Middle Lee Last Coughran
4. DATE OF DEATH Month June Day 1 Year 1961
5. SEX male
6. COLOR OR RACE white
7. Married ☐ Never Married ☐ Widowed ☐ Divorced ☒
8. DATE OF BIRTH 9-29-1916
9. AGE (last birthday) 44 — IF UNDER 1 YEAR Months 8 Days 3 — IF UNDER 24 HR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer
10b. KIND OF BUSINESS OR INDUSTRY Soft Drinks
11. BIRTHPLACE (City and state or country) Marshfield Mo.
12. CITIZEN OF WHAT COUNTRY U.S.A.
13a. FATHER'S NAME Robert Lee Coughran Sr.
13b. MOTHER'S MAIDEN NAME Hoksie Swengi
14. NAME OF HUSBAND OR WIFE —
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service) ------
17. INFORMANT Joe Coughran Brother Address 1020 E. 8th St.

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Pulmonary Tuberculosis
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b)
DUE TO (c)
INTERVAL BETWEEN ONSET AND DEATH
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 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. 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 9-19-60, to 5-31-61 and last saw her him alive on 5-31-61
Death occurred at 5 a.m. p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Edward P. Altomare M.D. (Degree or title)
22b. ADDRESS 2610 EAST 63RD ST. KANSAS CITY, MISSOURI
22c. DATE SIGNED 6/1/61

23a. BURIAL, CREMATION, REMOVAL (Specify) REMOVAL
23b. DATE JUNE 2, '61
23c. NAME OF CEMETERY OR CREMATORY —
23d. LOCATION (City, town, or county) MARSHFIELD (State) MISSOURI

24. FUNERAL DIRECTOR D.W. NEWCOMER'S SONS ADDRESS 1331 BRUSH CREEK KANSAS CITY, MO.
25. DATE RECD. BY LOCAL REG. 6-2-61
26. REGISTRAR'S SIGNATURE Ruth Long
(Licensed Embalmer's Statement on Reverse Side)

BY AFFIDAVIT OF Edward P. Altomare MEDICAL CERTIFICATION

ITEM NO. | SHOULD READ | INSTEAD OF | DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

DOCUMENT

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_____ Signed Harold P. Price
Signature of Student Embalmer

Licensed Embalmer No. 4998

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.