No. 300
10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED FEB 28 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 4055

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 208

1. PLACE OF DEATH
a. COUNTY: Buchanan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
c. LENGTH OF STAY (in this place): 5 Mos.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Missouri Methodist Hospital

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: Buchanan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): St. Joseph
d. STREET ADDRESS (If rural, give location): 2026 Felix Street

3. NAME OF DECEASED (Type or Print)
a. (First): James
b. (Middle): Ervine
c. (Last): Coughlin

4. DATE OF DEATH (Month) (Day) (Year): February 13, 1949

5. SEX: Male
6. COLOR OR RACE: White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Married
8. DATE OF BIRTH: June 2, 1926
9. AGE (In years last birthday): 22 years; IF UNDER 1 YEAR: Months, Days; IF UNDER 24 HRS.: Hours, Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Window Washer
10b. KIND OF BUSINESS OR INDUSTRY: Boston Window Cleaning Co.
11. BIRTHPLACE (State or foreign country): Hubbel, Montana.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: Jack Coughlin
13b. MOTHER'S MAIDEN NAME: Lucy Craft
14. NAME OF HUSBAND OR WIFE: Edith Coughlin

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No
(If yes, give war or dates of service): ----------
16. SOCIAL SECURITY NO.: 517-22-9975
17. INFORMANT'S SIGNATURE OR NAME AND ADDRESS: Mrs. Edith Coughlin, 2026 Felix St. St. Joseph, Mo.

18. CAUSE OF DEATH
Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Contusion & Subarachnoid Hemorrhage. Fracture of Skull, Fracture of Ribs, Fracture of Pelvis, Retroperitoneal Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) _____
DUE TO (c) _____

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH: 4 days.

19a. DATE OF OPERATION: 9 Feb 49
19b. MAJOR FINDINGS OF OPERATION: Cerebral Contusion & Subarachnoid Hemorrhage.
20. AUTOPSY? YES [X] NO [ ]

21a. ACCIDENT ~~SUICIDE~~ ~~HOMICIDE~~ (Specify): Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.): Commercial Bldg.
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE): St. Joseph, Buchanan Mo. 131
21d. TIME OF INJURY (Month) (Day) (Year) (Hour): Feb 9 1949 1p.m.
21e. INJURY OCCURRED WHILE AT WORK [X] NOT WHILE AT WORK [ ]
21f. HOW DID INJURY OCCUR?: Fell from window

22. *I hereby certify that I attended the deceased from* Feb 9, 1949, *to* Feb 13, 1949, *that I last saw the deceased alive on* Feb 13, 1949, *and that death occurred at* 9:15 P.m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Glen R. McDaniel M.D.
23b. ADDRESS: 902 Edmond St. St. Joseph.
23c. DATE SIGNED: 15 Feb 49.

24a. BURIAL, CREMATION, REMOVAL (Specify): Burial
24b. DATE: Febr. 17, 1949
24c. NAME OF CEMETERY OR CREMATORY: Mt. Mora Cemetery
24d. LOCATION (City, town, or county) (State): St. Joseph, Missouri.

DATE REC'D BY LOCAL REG.: Feb 23, 1949
REGISTRAR'S SIGNATURE: H. C. Jenkins 382
25. FUNERAL DIRECTOR'S SIGNATURE AND ADDRESS: Walter Meierhoffer, 1946 Colhoun St. St. Joseph, Mo.

(Licensed Embalmer's Statement on Reverse Side)

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, [redacted] ---------- ---------- Student Embalmer No. ----------, working under my personal supervision.

Student ---------- Student Embalmer

Signed Raymond W. Morehead

Licensed Embalmer No. 4413 Missouri

P. O. Address St. Joseph, Mo.

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 this body is not embalmed, fact should be so stated above.