

FILED MAR 22 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

8315

831

48

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

1. PLACE OF DEATH a. COUNTY <u>Jackson</u>		2. USUAL RESIDENCE (Where deceased lived. If institution; residence before admission). a. STATE <u>Kansas</u> b. COUNTY <u>Wyandotte</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>2 1/2</u> hours		d. STREET ADDRESS (If rural, give location) <u>1949 North 27th Street</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Saint Mary's Hospital</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Claude</u>		b. (Middle) <u>Allen</u>	
c. (Last) <u>Coffey</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>February 20, 1949</u>	
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 21, 1894</u>
9. AGE (In years last birthday) <u>54</u>		IF UNDER 1 YEAR Months <u>0</u> Days <u>0</u>	IF UNDER 1 HRS. Hours <u>0</u> Mins. <u>0</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Railroad Machinist</u>		10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (State or foreign country) <u>Kentucky</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>John Coffey</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Gatewood</u>		14. NAME OF HUSBAND OR WIFE <u>Ellen</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>yes WW I</u>		16. SOCIAL SECURITY NO. <u>702-07-7695</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Ellen Coffey</u> ADDRESS <u>1949 North 27th</u>
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Shock</u> ANTECEDENT CAUSES DUE TO (b) <u>Fracture of Ribs</u> DUE TO (c) <u>2 Car Collision</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Deputy Coroner</u>	
20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g. in or about home, farm, factory, street, etc.) <u>Street</u>		21c. CITY, TOWN, OR TOWNSHIP (COUNTY) (STATE) <u>Clay MO</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>2 20 49</u> m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>2 Car Accident</u>		21g. <u>24</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>1:30</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE <u>A. E. Upsher</u> (Degree or title) <u>MD</u>		23b. ADDRESS <u>2800 Main</u>	
23c. DATE SIGNED <u>2/21/49</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	
24b. DATE <u>2-23-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Memorial Park</u>	
24d. LOCATION (City, town, or county) (State) <u>Kansas Kansas</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. R. Holman</u> ADDRESS _____	
DATE REC'D BY LOCAL REG. <u>2-23-49</u>		REGISTRAR'S SIGNATURE <u>Sheraldine Holman</u>	

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

2110-2-100

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, of by _____

Student Embalmer No. _____

working under my personal supervision.

Signed Howard W. Farmer

Signed _____
Student Embalmer No. _____

Licensed Embalmer No. 4134

P. O. Address Kanona City, 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.