

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12847
State File No. 1554

FILED APR 19 1952
BIRTH NO. 21206 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No.

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| 1. PLACE OF DEATH a. COUNTY <u>Jackson</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</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>6 DAYS</u> | | d. STREET ADDRESS (If rural, give location) <u>4947 Troost Avenue</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Lakeside Hospital</u> | | | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Stephen</u> b. (Middle) <u>Darrell</u> c. (Last) <u>Coley</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>April 5 1952</u> | | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | |
| 8. DATE OF BIRTH <u>Mar 31 1952</u> | | 9. AGE (In years last birthday) <u>6</u> | | # UNDER 1 YEAR <u>6</u> # UNDER 1 MIN. <u>6</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Infant</u> | | 10b. KIND OF BUSINESS OR INDUSTRY | | 11. BIRTHPLACE (City and State or Foreign Country) <u>Kansas City Missouri</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u> | | | | | |

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| 13a. FATHER'S NAME <u>W. D. Coley</u> | | 13b. MOTHER'S MAIDEN NAME <u>Edith Mary Lyle</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u> | | 16. SOCIAL SECURITY NO. <u>None</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>W. D. COLEY</u> ADDRESS <u>4947 TROOST AVENUE KANSAS CITY MISSOURI</u> | |
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| 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 | | | INTERVAL BETWEEN ONSET AND DEATH | | |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Rematery</u> | | | DUPLICATE | | | | | |
| ANTECEDENT CAUSES | | | DUE TO (b) <u>Cause Unknown</u> | | | | | |
| | | | DUE TO (c) | | | | | |
| II. OTHER SIGNIFICANT CONDITIONS | | | Conditions contributing to the death but not related to the disease or condition causing death. | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 21a. ACCIDENT SUICIDE HOMICIDE (Specify) | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) | |
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| 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) | | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? | |
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22. I hereby certify that I attended the deceased from March 30, 1952, to April 4, 1952, that I last saw the deceased alive on April 5 1952, and that death occurred at 1:20 P. m., from the causes and on the date stated above.

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| 23a. SIGNATURE <u>Dr. Salomon W. Tolson</u> (Degree or title) | | 23b. ADDRESS <u>5910 Prospect</u> | | 23c. DATE SIGNED <u>4/5/52</u> | |
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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u> | | 24b. DATE <u>APRIL 5 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>ENID OKLAHOMA</u> | | 24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY, MO.</u> | |
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| DATE REC'D BY LOCAL REG. <u>4-5-52</u> | | REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Dr. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u> | |
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(Licensed Emballer's Statement on Reverse Side)

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

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
Student Embalmer

Signed John B Lewis

Licensed Embalmer No. 4875

P. O. Address KC 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.