

FILED MAR 27 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 9772

1400

BIRTH NO.		REG. DIST. NO. 149		PRIMARY REG. DIST. NO. 1002		Registrar's No. 1400	
1. PLACE OF DEATH a. COUNTY JACKSON				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE MO b. COUNTY JACKSON			
b. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY		c. LENGTH OF STAY (In this place) UNK.		c. CITY (If outside corporate limits, write RURAL and give township) KANSAS CITY 3118		d. STREET ADDRESS (If rural, give location) 1303 HARRISON 2110	
d. FULL NAME OF HOSPITAL OR INSTITUTION: 625 EUCLID							
3. NAME OF DECEASED (Type or Print) a. (First) HOLLIS			b. (Middle) DAVID		c. (Last) COON		4. DATE OF DEATH (Month) (Day) (Year) 3 - 5 - 53
5. SEX M	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) single		8. DATE OF BIRTH APR 68		9. AGE (In years last birthday) 79 IF UNDER 1 YEAR: Months Days IF UNDER 24 HRS. Hours Mins.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) AWNING MAKER		10b. KIND OF BUSINESS OR INDUSTRY AWNING		11. BIRTHPLACE (City and State or Foreign Country) CHILACOTHE, MO		12. CITIZEN OF WHAT COUNTRY? U. S.	
13a. FATHER'S NAME unknown			13b. MOTHER'S MAIDEN NAME		14. NAME OF HUSBAND OR WIFE		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) NO		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS MRS BELLE YOUNG 1303 HARRISON			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cause of death unknown 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 7955	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION no relatives				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) natural		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR			
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 _____ m., from the causes and on the date stated above.							
23a. SIGNATURE Hugh H. OWENS (Degree or title)				23b. ADDRESS		23c. DATE SIGNED 9-753	
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 3-9-53		23c. NAME OF CEMETERY OR CREMATORY ELMWOOD CEM.		23d. LOCATION (City, town, or county) (State) K.C. MO	
DATE REC'D BY LOCAL REG 3-9-53		REGISTRAR'S SIGNATURE Eveline Smith			25. FUNERAL DIRECTOR'S SIGNATURE SEBETO'S		ADDRESS CITY

(Licensed Embalmer'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 Russell N. France

Licensed Embalmer No. 4255

P. O. Address K C 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.