

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25327

State File No.

FILED JUL 23 1953

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 141

1. PLACE OF DEATH a. COUNTY <p style="text-align: center;">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Rural prairie Township</p>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p style="text-align: center;">Kansas City, Missouri</p>	
c. LENGTH OF STAY (in this place) <p style="text-align: center;">5 yrs</p>		d. STREET ADDRESS (If rural, give location) <p style="text-align: center;">415 1/2 Main</p>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p style="text-align: center;">Jackson County Hospital</p>		3028 ↑	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Hiram</u> b. (Middle) _____ c. (Last) <u>Coil</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 7 1953</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widower</u>	8. DATE OF BIRTH <u>1872</u>		9. AGE (In years last birthday) <u>81</u> OR UNDER 1 YEAR Months Days OR UNDER 12 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>laborer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>unknown</u>		12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>

13a. FATHER'S NAME <u>unknown</u>	13b. MOTHER'S MAIDEN NAME <u>unknown</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
--------------------------------------	---	---

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>unknown</u>	16. SOCIAL SECURITY NO. <u>487-16-1083</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Records of J. C. Hosp. Indep mo</u>	ADDRESS <u>4501</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Embolism</u>		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Arteriosclerotic Gangrene</u> DUE TO (c) <u>Senility</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4501</u>		

19a. DATE OF OPERATION <u>7-7-53</u>	19b. MAJOR FINDINGS OF OPERATION <u>Arterial and Venous Thrombosis - Gangrene Rt. Leg</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
---	--	---

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)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	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 July 4, 1953, to July 7, 1953, that I last saw the deceased alive on July 7, 1953 and that death occurred at 4:30p m., from the causes and on the date stated above.

23a. SIGNATURE <u>E. Square-Reynolds, M.D.</u>	(Degree or title)?	23b. ADDRESS <u>Kansas City, Missouri</u>	23c. DATE SIGNED <u>8-8-53</u>
---	--------------------	--	-----------------------------------

24a. BURIAL, CREMATION, OR REMOVAL (Specify)	24b. DATE <u>7-10-53</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Int Calvary</u>	24d. LOCATION (City, town, or county) (State) <u>Kansas City Kan</u>
--	-----------------------------	--	---

DATE REC'D BY LOCAL REG. <u>7-10-53</u>	REGISTRAR'S SIGNATURE <u>W. B. Langford</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. Langford</u>	ADDRESS <u>Leis Summit mo</u>
--	--	---	----------------------------------

(Licensed Embalmer's Statement on Reverse Side)

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

JUL 23 1953

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 W B Langford
Licensed Embalmer No. 3833
P. O. Address Leeb Summit

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.