

STANDARD CERTIFICATE OF DEATH

27159

State File No.

FILED AUG 18 1954

3515

BIRTH NO. ---		REG. DIST. NO. <u>149</u>	PRIMARY REG. DIST. NO. <u>1002</u>	Registrar's No. <u>3515</u>
1. PLACE OF DEATH a. COUNTY <p align="center">Jackson</p>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <p align="center">Missouri</p> b. COUNTY <p align="center">Jackson</p>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <p align="center">Kansas City</p>		c. CITY OR TOWN <p align="center">Blair Township</p>	d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <p align="center">Osteopathic Hospital</p>		e. STREET ADDRESS (If rural, give location) <p align="center">125 Farley Terr. 7000</p>		
3. NAME OF DECEASED (Type or Print) a. (First) <u>IRENE</u> b. (Middle) c. (Last) <u>COON</u>		4. DATE OF DEATH Month <u>July</u> Day <u>20</u> Year <u>1954</u>		
5. SEX <u>Female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>	8. DATE OF BIRTH <u>March 31, 1893</u>	9. AGE (In years last birthday) Months Days <u>61</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Nickerson, Kansas</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>James Forsythe</u>		
13b. MOTHER'S MAIDEN NAME <u>Mary Rowles</u>		14. NAME OF HUSBAND OR WIFE <u>William Coon</u>		
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 ADDRESS <u>Wm. Coon, 125 Farley Terr., K.C., Mo.</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>Infiltrative Carcinoma of the Gall bladder</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____		INTERVAL BETWEEN ONSET AND DEATH <u>155*</u>
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes Mellitus</u>				
19a. DATE OF OPERATION <u>6-1-54</u>	19b. MAJOR FINDINGS OF OPERATION <u>Cholelithiasis + Infiltrative Carcinoma of Gall Bladder</u>			20. AUTOPSY? YES <input type="checkbox"/> NO <input 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)	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 <u>May 20, 1954</u> to <u>July 20, 1954</u> , that I last saw the deceased alive on <u>July 19, 1954</u> , and that death occurred at <u>6:03 A.M.</u> , from the causes and on the date stated above.				
23a. SIGNATURE <u>Merrill R. Lippman</u> DO (Degree or title) <u>2 D.O.</u>		23b. ADDRESS <u>9124 E. 50 Highway K.C. 29 Mo.</u>		23c. DATE SIGNED <u>7/20/54</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>	24b. DATE <u>7-20-54</u>	24c. NAME OF CEMETERY OR CREMATORY		24d. LOCATION (City, town, or county) (State) <u>Hutchison, Kansas</u>
DATE REC'D BY LOCAL REG. <u>7-20-54</u>	REGISTRAR'S SIGNATURE <u>Heraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>STINE & McCLURE UND. CO.</u>		ADDRESS <u>K.C. MO.</u>

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

Mrs. Marjorie R. Lippman
9124 East 50 Highway
Fl. 2268

Exp. 6:03 a.

About noon today.

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.....
Signature of Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.