

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED MAR 27 1956

State File No. 1054
Registrar's No. 1054

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>1054</u>		
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. LENGTH OF STAY (in this place) <u>39 YEARS</u>		c. CITY OR TOWN <u>Kansas City</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Memorial Medical Center</u>				e. STREET ADDRESS (If rural, give location) <u>3014 Harrison Street</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>George</u> b. (Middle) <u>FREDERICK</u> c. (Last) <u>Coad</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>3 8 56</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>FEB. 3 1888</u>		
9. AGE (In years last birthday) <u>68</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 24 HRS. Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>SALES MAN</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>WEAVERS COMPANY SPRINGFIELD, ILLINOIS</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>BROWNS, ILLINOIS</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>JAMES COAD</u>			13b. MOTHER'S MAIDEN NAME <u>JENNY VOIGHT</u>		14. NAME OF HUSBAND OR WIFE <u>MRS. EDNA COAD</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>495-249646</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. EDNA COAD</u> ADDRESS <u>3014 HARRISON ST. KANSAS CITY, MO.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <u>occlusion Right coronary artery</u> *This does not mean the mode of dying, such as heart failure, arthemia, etc. It means the disease, injury, or complication which caused death. INTERVAL BETWEEN ONSET AND DEATH <u>hours</u>								
19. MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>occlusion Right coronary artery</u> ANTECEDENT CAUSES <u>hemorrhage into atherosclerotic plaques</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hemorrhage into atherosclerotic plaques</u> DUE TO (c) <u>4201</u> II. OTHER SIGNIFICANT CONDITIONS <u>MASSIVE MYOCARDIAL hypertrophy</u> Conditions contributing to the death but not related to the disease or condition causing death. <u>MASSIVE old MYOCARDIAL infarction</u> YEAR _____ YEAR _____								
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) (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 <u>3-8</u> , 19 <u>56</u> , to <u>3-8</u> , 19 <u>56</u> , that I last saw the deceased alive on <u>3-8</u> , 19 <u>56</u> , and that death occurred at <u>10:40 a.m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE <u>Paul Moss</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>Memorial Hospital</u>		23c. DATE SIGNED		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>CREMATION</u>		24b. DATE <u>MAR-10-1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>D.W. NEWCOMER'S SONS</u>		24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>		
DATE REC'D BY LOCAL REG. <u>3-10-56</u>		REGISTRAR'S SIGNATURE <u>Merna Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK KANSAS CITY, MO.</u>				

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.....
Signature of Student Embalmer

Signed *Edward M. Stacey*.....

Licensed Embalmer No. *444*.....

P. O. Address *K. E. D.*.....

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.