

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44283

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 5737

V.S. 300
Rev. 1-56

securing the medical certification in the specific manner required by 193.140 MoRS 1949.
Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be casually related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

C. G. Leitch

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Kansas b. COUNTY Johnson	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Westwood Hills Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Mary's Hosp		Length of stay in 1b D.O.A.	
3. NAME OF DECEASED (Type or print) First Albert Middle L. Last Coffman		4. DATE OF DEATH Month Dec. Day 2, Year 1957	
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH June 30, 1884
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Design Eng. for C. W.		10b. KIND OF BUSINESS OR INDUSTRY Engineer from Nofsinger Co.	
11. BIRTHPLACE (City and state or country) Georgetown, MISSOURI		12. CITIZEN OF WHAT COUNTRY? USA	
13. FATHER'S NAME Seymour F. Coffman		14. MOTHER'S MAIDEN NAME Ella Alspaugh	
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. 441-10-9107	
17. INFORMANT Irving L. Coffman		Address 4200 Erath, Waco, Texas.	
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Acute Pulmonary edema			INTERVAL BETWEEN ONSET AND DEATH 1 hr.
Conditions, if any, which gave rise to above cause (a), -stating the underlying cause last. DUE TO (b) Arteriosclerotic heart disease			6 hrs.
DUE TO (c) _____			4200
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.)	
20c. TIME OF INJURY Hour _____ a. m. _____ p. m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION COUNTY STATE	
21. I attended the deceased from 10/17/57 to 12/2/57 and last saw her alive on 12/2/57 Death occurred at 6 Pm m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. G. Leitch M.D.		22b. ADDRESS 1010 Prof Bldg, J.C.C. 6m	
22c. DATE SIGNED 12/6/57			
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-4-1957	
23c. NAME OF CEMETERY OR CREMATORY Mt. Washington		23d. LOCATION (City, town, or county) (State) Kansas City ; Missouri	
24. FUNERAL DIRECTOR Stine & McClure Und. Co. KC, Mo.		25. DATE RECD. BY LOCAL REG. 12-4-57	
26. REGISTRAR'S SIGNATURE neva minshoff			



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 *Elmer D. Tipton*

Licensed Embalmer No. *4817*

P. O. Address *Kansas City*

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.