

RI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

59-025056

FILED VS JUL 31 1959 49

3526

STATE FILE NUMBER

1. PLACE OF DEATH a. COUNTY JACKSON			2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE MISSOURI b. COUNTY JACKSON			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN KANSAS CITY		Length of stay in 1b 8 DAYS	c. CITY OR TOWN KANSAS CITY		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION OSTEOPATHIC		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) 4901 MONTGALL		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last CATHERINE ANNETTE COLEMAN			4. DATE OF DEATH Month Day Year JULY 19 1959			
5. SEX F	6. COLOR OR RACE W	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 7/11/58	9. AGE (last birthday) 8 DAYS	
IF UNDER 1 YEAR Months 8 Yrs 0	IF UNDER 24 HR Hours 0 Min. 0	10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) INFANT	10b. KIND OF BUSINESS OR INDUSTRY INFANT	11. BIRTHPLACE (City and state or country) KANSAS CITY, Mo.	12. CITIZEN OF WHAT COUNTRY USA	
13a. FATHER'S NAME HOWARD COLEMAN		13b. MOTHER'S MAIDEN NAME DORCAS ELLIS		14. NAME OF HUSBAND OR WIFE INFANT		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) *****		16. SOCIAL SECURITY NO. *****		17. INFORMANT 4901 MONTGALL HOWARD COLEMAN K.C. Mo.		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:					INTERVAL BETWEEN ONSET AND DEATH	
IMMEDIATE CAUSE (a) Paralytic ileus					5 days	
DUE TO (b) acute peritonitis					6 days	
DUE TO (c) _____					_____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) acute bronchopneumonia					PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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. Month, Day, Year _____						
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 7-11-59 to 7-19-59 and last saw her alive on 7-18-59 Death occurred at _____ 9 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.						
22a. SIGNATURE (Degree or title) Myron D. Jones M.D.			22b. ADDRESS 926 E 11th		22c. DATE SIGNED 7-20-59	
23a. BURIAL (Preparation, REMOVAL) (Specify) BURIAL	23b. DATE 7/21/59	23c. NAME OF CEMETERY OR CREMATORY CHAPEL HILLS MEM. GARDEN KANSAS CITY KANSAS	23d. LOCATION (City, town, or county) (State)			
24. FUNERAL DIRECTOR C.H. BLACKMAN & SON INC. K.C. Mo.		25. DATE RECD. BY LOCAL REG. 7-20-59	26. REGISTRAR'S SIGNATURE Wendy Marshall			

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

Myron D. Jones

see
rehearsal.

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by Wayne Smith, Student Embalmer No. 567

working under my personal supervision.

Student Wayne Smith
Signature of Student Embalmer

Signed Bert B. Benson

Licensed Embalmer No. 4656

P. O. Address K. C., Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to do so 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.