

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-62-022577
STATE FILE NUMBER

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 128 Primary Registration District No. 200 Registrar's No. 918

DO NOT WRITE ON THIS STUB

AMENDED

FILED JUN 18 1962	
1. PLACE OF DEATH a. COUNTY GREENE b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN SPRINGFIELD Length of stay in 1b c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION BURGE HOSPITAL Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE NEW YORK b. COUNTY NIAGARA c. CITY OR TOWN LOCKPORT Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> d. STREET ADDRESS (If outside, give location) 7 BLACKLEY COURT Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED First Middle Last MELBORNE COASH	
4. DATE OF DEATH Month Day Year JUNE 10 1962	
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 AUG. 22, 1932
9. AGE (last birthday) 29 IF UNDER 1 YEAR IF UNDER 24 HR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) FIREMAN	10b. KIND OF BUSINESS OR INDUSTRY CITY FIREMAN
11. BIRTHPLACE (City and state or country) LOCKPORT N.Y.	
12. CITIZEN OF WHAT COUNTRY U.S.A.	
13a. FATHER'S NAME KENNETH COASH	
13b. MOTHER'S MAIDEN NAME LENORE GOODING	
14. NAME OF HUSBAND OR WIFE SHARON	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) YES KOREA	
16. SOCIAL SECURITY NO.	
17. INFORMANT KENNETH COASH, LOCKPORT, NEW YORK Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Contusion Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) _____	
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 checked="" 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.) motorcycle accident	
20c. TIME OF INJURY Hour Month, Day, Year 6-5-62	
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>	
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) near Washfield, Webster, Mo.	
20f. CITY, TOWN, OR LOCATION COUNTY STATE Lockport, New York	
21. I attended the deceased from 6-5-62 to 6-10-62 and last saw her/him alive on 6-10-62 Death occurred at 3:30am on the date stated above, and to the best of my knowledge, from the causes stated.	
22a. SIGNATURE (Degree or title) John K. Tsang M.D.	
22b. ADDRESS 16365. GLENSTONE Springfield, MO	
22c. DATE SIGNED 6-12-62	
23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	
23b. DATE 6-11-62	
23c. NAME OF CEMETERY OR CREMATORY Lockport, New York	
23d. LOCATION (City, town, or county) (State)	
24. FUNERAL DIRECTOR KLINGNER MORTUARY ADDRESS SPRINGFIELD, MO.	
25. DATE RECD. BY LOCAL REG. 6-15-62	
26. REGISTRAR'S SIGNATURE Effie S. Melton	

John K. Tsang, M.D.
USE BLACK INK OR TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS
 DATE AMENDED
 3
 4 0
 5 1
 6
 7 1
 8 2
 9 X
 10
 11 1/2
 12/- 0
 13
 ITEM NO. SHOULD READ
 BY AFFIDAVIT OF DOCUMENT

JUN 28 1962

JUL 25 1962

JUN 18 1962

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 John Klunzner Jr

Licensed Embalmer No. 5102

P. O. Address Springfield

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.

Permit received 6-11-62