

FILED FEB 8 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 1484

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 146 PRIMARY REG. DIST. NO. 3026 Registrar's No. 41

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

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, write RURAL and give township) OR TOWN Independence		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Independence	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Residence, 915 S. Noland		d. STREET ADDRESS (If rural, give location) 915 S. Noland	
3. NAME OF DECEASED (Type or Print) a. (First) Charles b. (Middle) Kenneth c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) Jan. 31, 1949
5. SEX male	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 9, 1864
9. AGE (In years last birthday) 84		IF UNDER 1 YEAR Months 6 Days 9	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Carpenter		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) London Ontario, Canada
12. CITIZEN OF WHAT COUNTRY? American		13a. FATHER'S NAME William Green	
13b. MOTHER'S MAIDEN NAME Elizabeth McCloud		14. NAME OF HUSBAND OR WIFE Mrs. Beatrice G. Green	
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. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Jack Green, 424 E. Sea, Independence, Mo.
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) Coronary Occlusion cerebrovascular infarction 1 wk Antecedent Causes Coronary Arteriosclerosis DUE TO (b) X DUE TO (c) X II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4700	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Independence, Jackson, Mo.	
21c. CITY, TOWN, OR TOWNSHIP, COUNTY, STATE		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute)	
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 Jan. 29, 1949, to Jan. 31, 1949, that I last saw the deceased alive on Jan. 31, 1949, and that death occurred at _____ m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) Chas. H. Grobke, M.D.		23b. ADDRESS Independence, Mo.	
23c. DATE SIGNED Mo. 4/1/49			
24a. BURIAL, CREMATION, REMOVAL (Specify) burial		24b. DATE Feb. 2 - 1949	
24c. NAME OF CEMETERY OR CREMATORY Mount Grove		24d. LOCATION (City, town, or county) Ind. Mo.	
DATE REC'D BY LOCAL REG. Feb. 1 - 1949		REGISTRAR'S SIGNATURE James H. Fargo	
25. FUNERAL DIRECTOR'S SIGNATURE		ADDRESS Independence, Mo.	

**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 .....  
Student Embalmer

Signed

*Tom D. Markland*

Licensed Embalmer No.

*4592*

P. O. Address

*Indep. Mo*

**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 this body is not embalmed, fact should be so stated above.