

FILED JUN 10 1949

THE DIVISION OF HEALTH OF MISSOURI  
 STANDARD CERTIFICATE OF DEATH

State File No. **15896**  
 Registrar's No. **2155**

BIRTH NO. 28411-49 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

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

<b>1. PLACE OF DEATH</b> a. COUNTY <u>Jackson</u> b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Mo. 4th St 52nd</u> c. LENGTH OF STAY (In this place) <u>52m</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Trinity Lutheran Hosp</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City Missouri</u> d. STREET ADDRESS (If rural, give location) <u>2217 Hister</u>	
<b>3. NAME OF DECEASED</b> a. (First) <u>Patricia</u> b. (Middle) <u>Lee</u> c. (Last) <u>Greer</u> (Type or Print)			<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>5-16-49</u>
<b>5. SEX</b> <u>Female</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)</b> <u>never married</u>	<b>8. DATE OF BIRTH</b> <u>5-15-49</u>
<b>9. AGE</b> (In years of last birthday) <u>4</u> <b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired)		<b>11. BIRTHPLACE</b> (State or foreign country) <u>Kansas City Mo.</u>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U. S. A.</u>
<b>13a. FATHER'S NAME</b> <u>Jerry Raymond Greer</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Kathryn Maxine Hancock</u>	
<b>14. NAME OF HUSBAND OR WIFE</b> --		<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) --	
<b>16. SOCIAL SECURITY NO.</b> --		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Kathryn Maxine Hancock</u>	
<b>18. CAUSE OF DEATH</b> 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.		<b>MEDICAL CERTIFICATION</b> <b>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH</b> (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES DUE TO (b) <u>Laceration of Tensorium</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>7600</u> <b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b>	
<b>20. AUTOPSY?</b> YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>			
<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)		<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	
<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>			
<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour)		<b>21e. INJURY OCCURRED</b> WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
<b>21f. HOW DID INJURY OCCUR?</b>			
<b>22. I hereby certify that I attended the deceased from</b> <u>5/15/49</u> , 19 <u>49</u> , to <u>5/16/49</u> , that I last saw the deceased alive on <u>5/16</u> , 19 <u>49</u> and that death occurred at <u>2:45 A.M.</u> , from the causes and on the date stated above.			
<b>23a. SIGNATURE</b> <u>M. B. Casebolt</u> (Degree or title)		<b>23b. ADDRESS</b> <u>4000 Baltimore Xcm</u>	
<b>23c. DATE SIGNED</b> <u>5-16/49</u>			
<b>24a. BURIAL, CREMATION, REMOVAL (Specify)</b> <u>Burial</u>		<b>24b. DATE</b> <u>May 17, 1949</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Green Lawn</u>		<b>24d. LOCATION (City, town, or county) (State)</b> <u>Kansas City Mo.</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>5-17-49</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Maeldine Holmes</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Earp &amp; Sons</u>		<b>ADDRESS</b> <u>4139 Truman Rd.</u>	

**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.

*Not Embalmed.*

Signed *James W. Fair*.....

Signed.....  
Student Embalmer

Licensed Embalmer No. *4622*

P. O. Address *K.C., 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.