

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

3479

No. 300  
10-48

FILED AUG 21 1949

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

1. PLACE OF DEATH a. COUNTY <u>JACKSON</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>MISSOURI</u> b. COUNTY <u>JACKSON</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY #1</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>KANSAS CITY #1</u>	
c. LENGTH OF STAY (in this place) <u>20 YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>7104 BALES AVENUE #3</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>ST. JOSEPH HOSPITAL</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH		
a. (First) <u>EDNA</u>	b. (Middle) <u>H.</u>	c. (Last) <u>GREEN</u>	(Month) <u>AUG</u>	(Day) <u>10</u>	(Year) <u>1949</u>

5. SEX <u>FEMALE</u>	6. COLOR OR RACE <u>WHITE</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>	8. DATE OF BIRTH <u>MAR-6-1911</u>	9. AGE (In years last birthday) <u>38 YEARS</u>	10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>EMPLOYEE</u>	11. BIRTHPLACE (State or foreign country) <u>WAGON MOUND, NEW MEXICO</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>CARTER PLEATING CO.</u>		11. BIRTHPLACE (State or foreign country)		12. CITIZEN OF WHAT COUNTRY?	

13a. FATHER'S NAME <u>GARFIELD HOLBROOK</u>	13b. MOTHER'S MAIDEN NAME <u>BERTHA CROWELL</u>	14. NAME OF HUSBAND OR WIFE <u>DWIGHT GREEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>	16. SOCIAL SECURITY NO. <u>495-20-7060</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DWIGHT GREEN</u>	ADDRESS <u>7104 BALES AVENUE KANSAS CITY MISSOURI</u>
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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, ashenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>PULMONARY EMBOLISM</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 1/2 HR</u>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>ROULETTE APPENDICITIS</u> DUE TO (c) <u>ON AUG 2 1949</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION <u>AUG 2 1949</u>	19b. MAJOR FINDINGS OF OPERATION <u>SUBACUTE APPENDICITIS</u>	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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21a. ACCIDENT SUICIDE HOMICIDE (Specify)	21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)	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 AUG. 6, 1949, to Aug 10, 1949, that I last saw the deceased alive on AUG 9, 1949, and that death occurred at 9:40 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>C. Quistgard</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>6745 Bessmer K.C.M.O.</u>	23c. DATE SIGNED <u>AUG 10 1949</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>AUG 13 1949</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MEMORIAL PARK CEMETERY</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>8-12-49</u>	REGISTRAR'S SIGNATURE <u>Geraldine Holmes</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>D.H. Newcomer's Sons</u> ADDRESS <u>1331 BRUSH CREEK BLVD KANSAS CITY, MISSOURI</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

**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.

Signed

*Doyle L. Daniel*

Signed.....  
Student Embalmer

Licensed Embalmer No. 4702

P. O. Address KCMo

**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.