

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **29323**

FILED SEP 19 1949

BIRTH NO. _____ REG. DIST. NO. 42 PRIMARY REG. DIST. NO. 1000 Registrar's No. 963

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

1. PLACE OF DEATH a. COUNTY <u>Buchanan</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jackson Co</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>St. Joseph</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>25y 8mo 7dy</u>		d. STREET ADDRESS (If rural, give location) <u>Little Blue Exp.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hospital no 2</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Lee</u> b. (Middle) <u>Coleman</u> c. (Last) <u>Greene</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Sept. 4-49</u>
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Single</u>	8. DATE OF BIRTH <u>April 21 1885</u>
9. AGE (In years last birthday) <u>64</u>		IF UNDER 1 YEAR Days <u>4</u>	IF UNDER 12 HRS. Hours Min. <u>13</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>clerk</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>merchandise</u>	11. BIRTHPLACE (State or foreign country) <u>Kansas City MO</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Charles Stewart Greene</u>	
13b. MOTHER'S MAIDEN NAME <u>Emma Coleman</u>		14. NAME OF HUSBAND OR WIFE	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>no</u>		16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Charles B. Greene, 3029 Flora St. Mo</u>
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, asthenia, etc. It means the disease, injury, or complication which caused death.			
MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombus</u> ANTECEDENT CAUSES DUE TO (b) <u>Arterio Sclerosis</u> DUE TO (c) <u>Schizophrenia mixed type</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <u>1201</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>			
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) m.		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 <u>June 6, 1946</u> , to <u>Sept 4, 1949</u> , that I last saw the deceased alive on <u>Sept 4, 1949</u> , and that death occurred at <u>4 A. m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Jordan Thomas M.D.</u>		23b. ADDRESS <u>St. Joseph Mo. op. State Hospital #2</u>	
23c. DATE SIGNED <u>9/5-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>9-8-49</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Anatomical School</u>		24d. LOCATION (City, town, or county) (State) <u>Kirksville, Mo.</u>	
DATE REC'D BY LOCAL REG <u>Sept. 8, 1949</u>		REGISTRAR'S SIGNATURE <u>E. B. Jenkins</u> 3821	
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Stoney Funeral Home - St. Joseph, Mo</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.

Signed Charles M. Garman

Signed
Student Embalmer

Licensed Embalmer No. 4487

P. O. Address St Joseph

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.