

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

37323

State File No. ....

4920

|  |                               |   |   |  |  |  |  |  |
|--|-------------------------------|---|---|--|--|--|--|--|
| BIRTH NO. _____  |                               | REG. DIST. NO. <u>149</u>   |   | PRIMARY REG. DIST. NO. <u>1002</u>   |  | Registrar's No. _____  |  |  |
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>  |                               |   |   | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE <u>Mo.</u> b. COUNTY <u>Jackson</u> |  |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give town)<br><u>Kansas City</u>   |                               | c. LENGTH OF STAY (in this place)<br><u>37 years</u>  |   | c. CITY (If outside corporate limits, write RURAL and give township)<br><u>Kansas City</u>   |  |  |  |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION<br><u>5820 East 10th St.</u>   |                               |   |   | d. STREET ADDRESS (If rural, give location)<br><u>5820 East 10th St.</u>   |  |  |  |  |
| 3. NAME OF DECEASED (Type or Print)<br>a. (First) <u>John</u>  |                               |   | b. (Middle) <u>Charles</u>                      |  | c. (Last) <u>Greenwood</u>                               |  | 4. DATE OF DEATH (Month) (Day) (Year)<br><u>Nov. 15, 1951</u>            |  |
| 5. SEX <u>Male</u>   | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify)<br><u>Married</u>  |   | 8. DATE OF BIRTH<br><u>Sept. 15, 1880</u>  | 9. AGE (In years last birthday) <u>71 years</u>          |  | IF UNDER 1 YEAR Days<br>IF UNDER 24 HRS. Hours Min.                      |  |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)<br><u>Retired Stationary</u>   |                               | 10b. KIND OF BUSINESS OR INDUSTRY<br><u>engineer-Smith</u>  |   | 11. BIRTHPLACE (State or foreign country)<br><u>Bakery-Melbourne, Australia</u>  |  | 12. CITIZEN OF WHAT COUNTRY?<br><u>--</u>                                |  |  |
| 13a. FATHER'S NAME<br><u>John Greenwood</u>  |                               |   | 13b. MOTHER'S MAIDEN NAME<br><u>Ellen Stone</u> |  | 14. NAME OF HUSBAND OR WIFE<br><u>Eleanora Greenwood</u> |  |  |  |
| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (No, or unknown) <u>No</u>  |                               | 16. SOCIAL SECURITY NO. (If year of war or dates of service)<br><u>487-09-9196</u>  |   | 17. INFORMANT'S SIGNATURE OR NAME ADDRESS<br><u>Mrs Eleanora Greenwood 5820 E. 10st</u>  |  |  |  |  |
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death.                                   |                               | MEDICAL CERTIFICATION<br>I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u><br><br>ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br><br>DUE TO (b) _____<br><br>DUE TO (c) _____<br><br>II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Previous occlusion on 6 Oct 51</u> |   |  |  |  | INTERVAL BETWEEN ONSET AND DEATH<br><u>0</u><br><br><u>4201</u>          |  |
| 19a. DATE OF OPERATION   |                               | 19b. MAJOR FINDINGS OF OPERATION  |   |  |  |  | 20. AUTOPSY?<br>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) (Min.)   |                               | 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>Oct 1951</u> , to <u>15 Nov.</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>Nov 12, 1951</u> , and that death occurred at <u>9 A.m.</u> , from the causes and on the date stated above. |                               |   |   |  |  |  |  |  |
| 23a. SIGNATURE <u>W. W. Gist MD</u> (Degree or title)  |                               |   |   | 23b. ADDRESS <u>1103 Grand W. Ct. Mo.</u>  |  | 23c. DATE SIGNED <u>16 Nov 51</u>  |  |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify)<br><u>Burial</u>   |                               | 24b. DATE<br><u>Nov. 17, 1951</u>   |   | 24c. NAME OF CEMETERY OR CREMATORY<br><u>St. Mary's</u>  |  | 24d. LOCATION (City, town, or county) (State)<br><u>Kansas City, Mo.</u> |  |  |
| DATE REC'D BY LOCAL REG.<br><u>11-17-51</u>  |                               | REGISTRAR'S SIGNATURE<br><u>Seraldine Holmes</u>  |   | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS.<br><u>Thomas E. Quirk 4316 Troost Ave.</u>   |  |  |  |  |

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

.....  
working under my personal supervision.

Student .....  
Student Embalmer

Signed *Thomas L. Quist*  
Student Embalmer No. 38  
Licensed Embalmer No. *3775*  
P. O. Address *.....*

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.