

FILED FEB 2 1952

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1265
274

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| BIRTH NO. _____ | | REG. DIST. NO. <u>149</u> | | PRIMARY REG. DIST. NO. <u>1002</u> | | 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</u> | | c. LENGTH OF STAY (In this place) _____ | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> | | d. STREET ADDRESS (If rural, give location) <u>1223 E. 41 St.</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u> | | | | 36480 | | | |
| 3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> | | b. (Middle) <u>S.</u> | | c. (Last) <u>Greenwood</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>1 15 1952</u> | |
| 5. SEX <u>Male</u> | | 6. COLOR OR RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u> | | 8. DATE OF BIRTH <u>Dec 2 1867</u> | |
| 9. AGE (In years last birthday) <u>84</u> | | IF UNDER 1 YEAR Months _____ | | IF UNDER 1 YEAR Days _____ | | IF UNDER 1 HR. Hours _____ Min. _____ | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Butcher</u> | | | 10b. KIND OF BUSINESS OR INDUSTRY _____ | | | 11. BIRTHPLACE (State or foreign country) <u>No record</u> | |
| 12. CITIZEN OF WHAT COUNTRY? _____ | | 13a. FATHER'S NAME <u>No record</u> | | 13b. MOTHER'S MAIDEN NAME <u>No record</u> | | 14. NAME OF HUSBAND OR WIFE <u>Unknown</u> | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>?</u> | | 16. SOCIAL SECURITY NO. <u>194-14-5323 A</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Mary E Rigdon</u> ADDRESS <u>1121 East 34th</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, asthma, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral encephalomalacia and bronchopneumonia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | INTERVAL BETWEEN ONSET AND DEATH <u>33 2 1/2</u> | |
| 11. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | | 19a. DATE OF OPERATION _____ | | 19b. MAJOR FINDINGS OF OPERATION _____ | | 20. AUTOPSY? YES <input checked="" 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>Jan. 5, 1952</u> , to <u>Jan. 15, 1952</u> , that I last saw the deceased alive on <u>Jan. 15, 1952</u> , and that death occurred at <u>1:30 P. M.</u> , from the causes and on the date stated above. | | | | | | | |
| 23a. SIGNATURE <u>B. I. Burns, M.D.</u> | | | | 23b. ADDRESS <u>24th & Cherry</u> | | 23c. DATE SIGNED <u>1-16-52</u> | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Jan 18 1952</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cemetery</u> | | 24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u> | |
| DATE REC'D BY LOCAL REG. <u>1-18-52</u> | | REGISTRAR'S SIGNATURE <u>Maldine Holmes</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Quirk, Tobin Co</u> | | ADDRESS <u>20 West Linwood</u> | |

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

Dr. Shickman

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, ~~of~~

..... Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed *Forest D. Goldenow*

Licensed Embalmer No. *4714*

P. O. Address *K. E. 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.