

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **38688**  
**5044**

No. 300  
10.48

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

**FILED DEC 6 1952**

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</u> c. LENGTH OF STAY (in this place) <u>3547s.</u> d. FULL NAME OF HOSPITAL OR INSTITUTION <u>809 Pacific</u>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If litigation: 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</u> d. STREET ADDRESS (If rural, give location) <u>809 Pacific 20380</u>	
<b>3. NAME OF DECEASED</b> (Type or Print) <u>Virgil</u> a. (First) <u>Virgil</u> b. (Middle) <u>Green</u> c. (Last) <u>Green</u>		<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <u>Nov. 12, 1952</u>	
<b>5. SEX</b> <u>m</u> <b>6. COLOR OR RACE</b> <u>Colored</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Unk now</u>	<b>8. DATE OF BIRTH</b> <u>Jan. 13, 1912</u>	<b>9. AGE</b> (In years last birthday) <u>40</u> IF UNDER 1 YEAR: Months _____ Days _____ IF UNDER 12 WKS.: Hours _____ Min. _____
<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Laborer</u>		<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>McDonnell Tire &amp; Garage</u>	
<b>11. BIRTHPLACE</b> (State or foreign country) <u>Lexington Mo.</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Charley Green</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Lila Slaughter</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> <u>487-12-9579</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>Anna Turner Aunt. M.C.</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, asphyxia, 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>Hypertensive Cardiac Disease</u> ANTECEDENT CAUSES: <u>Chronic Nephritis</u> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____	
<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>21. INTERVAL BETWEEN ONSET AND DEATH</b> <u>3 yrs</u>  <u>5 yrs</u>  <u>59 1/2</u>	
<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>10-29-1952</u> <b>to</b> <u>11-11-1952</u> <b>that I last saw the deceased alive on</b> <u>11-11-1952</u> <b>and that death occurred at</b> <u>11:30a.m.</u> <b>from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> <u>E. R. Geagan</u> (Degree or title) <u>D.O.</u>		<b>23b. ADDRESS</b> <u>1330 East 28 St.</u>	
<b>23c. DATE SIGNED</b> <u>11-14-52</u>		<b>23d. SIGNATURE</b> <u>her. E. R. Geagan</u>	
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>Burial</u>	<b>24b. DATE</b> <u>Nov. 18, 1952</u>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>Lincoln</u>	<b>24d. LOCATION</b> (City, town, or county) (State) <u>Kansas City, Mo.</u>
<b>DATE REC'D BY LOCAL REG.</b> <u>11-18-52</u>	<b>REGISTRAR'S SIGNATURE</b> <u>Heraldine Smith</u>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>Adkins Bros. Funeral Home K.C. Mo.</u>	

APR 29 1953

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.

Student .....  
Student Embalmer

Signed..... *C. Kenneth Purford*

Licensed Embalmer No. *4437*

P. O. Address. *2600 Tracy Ave*

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.