

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **1446**
401
Registrar's No.

FILED FEB 14 1953

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1082</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			c. LENGTH OF STAY (In this place) 40 yrs	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City			3508
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION Elms Nursing Home, 1318 Armour				d. STREET ADDRESS (If rural, city location) Bellerive Hotel, 214 E. Armour			
3. NAME OF DECEASED (Type or Print) a. (First) MYRON			b. (Middle)		c. (Last) GREEN		4. DATE OF DEATH (Month) (Day) (Year) Jan. 21, 1953
5. SEX M	6. COLOR OR RACE D W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Oct. 11, 1870		9. AGE (In years) (Month) (Day) 82	IF UNDER 1 YEAR Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner & Operator - Myron Green Cafeteria			10b. KIND OF BUSINESS OR INDUSTRY as Michigan		11. BIRTHPLACE (City and State or Foreign Country) /		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME Andrew Green			13b. MOTHER'S MAIDEN NAME Lytia Ann Sprague		14. NAME OF HUSBAND OR WIFE Evelyn Watson Green		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No		16. SOCIAL SECURITY NO. -		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mr. Watson Green, 621 W. 63rd St., KC Mo.			
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) Cerebral thrombosis						INTERVAL BETWEEN ONSET AND DEATH 3 weeks	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Vascular sclerosis						1 year	
DUE TO (c)							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.						332X	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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>12/1</u> , 1952, to <u>1/21</u> , 1953, that I last saw the deceased alive on <u>1/19</u> , 1953 and that death occurred at <u>5:00 p.m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE Edward H. Klein (Degree or title)				23b. ADDRESS Phos. Mch. Bldg.		23c. DATE SIGNED 1/22/53	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 1-23-53	24c. NAME OF CEMETERY OR CREMATORY Mt. Moriah		24d. LOCATION (City, town, or county) (State) Kansas City, Mo.		
DATE REC'D BY LOCAL REG. 1-22-53		REGISTRAR'S SIGNATURE Beraldine Smith			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS STINE & MCCLURE, Kansas City, Mo.		

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

Dr. Edw. T. Klein
Plymouth Beach
No. 3150
St. Luke's

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

F. D. Walton

Licensed Embalmer No. *2744*

P. O. Address *H C Mrs*

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.