

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 5948  
1068

FILED MAR 13 1953

|   |  |  |  |   |  |  |  |
|---|--|--|--|---|--|--|--|
| BIRTH NO.   |  | REG. DIST. NO. 149   |  | PRIMARY REG. DIST. NO. 1002   |  | Registrar's No.  |  |
| 1. PLACE OF DEATH<br>a. COUNTY Jackson  |  |  |  | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).<br>a. STATE Missouri b. COUNTY Jackson |  |  |  |
| b. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Kansas City   |  | c. LENGTH OF STAY (In this place)<br>3 1/2 weeks   |  | c. CITY (If outside corporate limits, write RURAL and give township)<br>OR TOWN Holmes Park                                   |  | 7000   |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION Hazelwood Nursing Home  |  |  |  | d. STREET ADDRESS (If rural, give location)   |  |  |  |
| 3. NAME OF DECEASED<br>(Type or Print) CHARLES  |  | a. (First) D.  |  | b. (Middle) GREEN   |  | c. (Last)  |  |
| 4. DATE OF DEATH February 18 1953   |  | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married   |  | 8. DATE OF BIRTH May 13, 1868   |  | 9. AGE (In years, last birthday) 84  |  |
| 5. SEX Male 0   |  | 6. COLOR OR RACE White   |  | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired 20 years                  |  | 10b. KIND OF BUSINESS OR INDUSTRY Painter                                      |  |
| 11. BIRTHPLACE (City and State or Foreign Country) Huntsville, Missouri 0   |  | 12. CITIZEN OF WHAT COUNTRY? U. S. A.  |  | 13a. FATHER'S NAME Unknown Green  |  | 13b. MOTHER'S MAIDEN NAME Unknown  |  |
| 14. NAME OF HUSBAND OR WIFE Ora Vivian 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. None  |  | 17. INFORMANT'S SIGNATURE OR NAME Mrs. Ora Vivian Green, Holmes Park, Missouri |  |
| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)  |  | MEDICAL CERTIFICATION  |  |   |  | INTERVAL BETWEEN ONSET AND DEATH   |  |
| I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral Hemorrhage  |  | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. |  |   |  | 331X   |  |
| 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)   |  | 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 Feb 9, 1953, to Feb 18, 1953, that I last saw the deceased alive on Feb 18, 1953, and that death occurred at 5:45 P. m., from the causes and on the date stated above. |  |  |  |   |  |  |  |
| 23a. SIGNATURE C. V. Mc Williams (Degree or title) C. V. Mc Williams M.D. 0   |  |  |  | 23b. ADDRESS 1106 Huron Bldg / SCKan  |  | 23c. DATE SIGNED Feb 19 1953   |  |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) Burial  |  | 24b. DATE Feb. 20, 1953  |  | 24c. NAME OF CEMETERY OR CREMATORY Memorial Park Cemetery   |  | 24d. LOCATION (City, town, or county) (State) Kansas City Missouri             |  |
| DATE REC'D BY LOCAL REG. 2-20-53  |  | REGISTRAR'S SIGNATURE Geraldine Smith  |  | 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 1331 BrushCreekBlvd. Kansas City, Missouri   |  |  |  |

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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student .....  
Student Embalmer

Signed Basil W. Honey

Licensed Embalmer No. 7724

P. O. Address Goshland, Md.

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.