

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

**8676**

State File No. ....

**1299**

Registrar's No. ....

**FILED APR 7 1954**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002

<b>1. PLACE OF DEATH</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission).	
a. COUNTY <u>Jackson</u>		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. CITY OR TOWN <u>Kansas City</u>	
c. LENGTH OF STAY (in this place) <u>6 MOS.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION <u>Veterans Administration Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>209 E. 67th</u>	
<b>3. NAME OF DECEASED</b> (Type or Print)		<b>4. DATE OF DEATH</b> (Month) (Day) (Year)	
a. (First) <u>Volla</u> b. (Middle) <u>W.</u> c. (Last) <u>Greene</u>		DEATH <u>March 21, 1954</u>	
<b>5. SEX</b> <u>Male</u>	<b>6. COLOR OR RACE</b> <u>White</u>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <u>Married</u>	<b>8. DATE OF BIRTH</b> <u>September 26, 1974</u>
<b>9. AGE</b> (In years) last birthday <u>79</u>		<b>10. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <u>Coal Producer</u>	<b>11. BIRTHPLACE</b> (City and State or Foreign Country) <u>Shelbyville, Indiana</u>
<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <u>Mining</u>		<b>12. CITIZEN OF WHAT COUNTRY?</b> <u>U.S.A.</u>	
<b>13a. FATHER'S NAME</b> <u>Thomas J. Greene</u>		<b>13b. MOTHER'S MAIDEN NAME</b> <u>Dora Foster</u>	
<b>13c. NAME OF HUSBAND OR WIFE</b> <u>Jessie Greene</u>		<b>14. NAME OF HUSBAND OR WIFE</b> <u>Jessie Greene</u>	
<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) <u>Yes</u>		<b>16. SOCIAL SECURITY NO.</b> <u>495-05-4092</u>	
<b>15b. SOCIAL SECURITY NO.</b> <u>SAW</u>		<b>17. INFORMANT'S SIGNATURE OR NAME</b> <u>VA Hospital Official Records, Kansas City, MO.</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, asthma, 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>Bronchopneumonia, terminal</u>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <u>2 days</u>	
<b>ANTECEDENT CAUSES</b> (b) <u>Cirrhosis liver of Hemosiderosis</u>		<u>2 years</u>	
<b>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. (c) K.</b> (c) <u>Transfusion</u>		<u>5 years</u>	
<b>II. OTHER SIGNIFICANT CONDITIONS</b> (c) <u>Hiatus Hernia, stomach</u>		<u>Unk.</u>	
<b>Conditions contributing to the death but not related to the disease or condition causing death.</b> <u>Generalized arteriosclerosis</u>		<u>Unk.</u>	
<b>19a. DATE OF OPERATION</b>		<b>19b. MAJOR FINDINGS OF OPERATION</b> <u>5604</u>	
<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input type="checkbox"/>			
<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 <u>Sept. 2, 1953</u>, to <u>March 21, 1954</u>, and that death occurred at <u>12:40p m.</u>, from the causes and on the date stated above.</b>			
<b>23a. SIGNATURE</b> (Degree or title) <u>THOMAS J. WALKIN, M.D.</u>		<b>23b. ADDRESS</b> <u>VA Hospital, 4801 Linwood Boulevard, K.C., Mo.</u>	
<b>23c. DATE SIGNED</b> <u>3-22-1954</u>			
<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <u>REMOVAL</u>		<b>24b. DATE</b> <u>MARCH 23, 1954</u>	
<b>24c. NAME OF CEMETERY OR CREMATORY</b> <u>LEWIS CREEK CEMETERY</u>		<b>24d. LOCATION</b> (City, town, or county) (State) <u>SHELBYVILLE INDIANA</u>	
<b>DATE REC'D BY LOCAL REG.</b> <u>3-23-54</u>		<b>REGISTRAR'S SIGNATURE</b> <u>Sheldine Smith</u>	
<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <u>A. H. Newcomer</u>		<b>ADDRESS</b> <u>Dons, Kansas City, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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.....  
Signature of Student Embalmer

Signed.....  
*Hollie Kessel*

Licensed Embalmer No. 469

P. O. Address K.C.M.

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.