No. 300
10-48

FILED JUN 3 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15897

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2136

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

1. PLACE OF DEATH
a. COUNTY JACKSON
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) KANSAS CITY
c. LENGTH OF STAY (in this place) few ~~31~~ minutes
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) K.C. GENERAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE MISSOURI
b. COUNTY JACKSON
c. CITY OR TOWN INDEPENDENCE
d. Is Residence within limits of a city or incorporated town? Yes ☐ No ☐
e. STREET ADDRESS (If rural, give location) 10409 E 35th St 7005 1

3. NAME OF DECEASED (Type or Print) a. (First) DARREL b. (Middle) HOLMES c. (Last) GREER

4. DATE OF DEATH (Month) 5 (Day) 9 (Year) 54

5. SEX MALE
6. COLOR OR RACE WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married
8. DATE OF BIRTH 1-19-1923
9. AGE (In years last birthday) 31 — IF UNDER 1 YEAR Months Days — IF UNDER 24 HRS. Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) MAINTAINENCEMAN
10b. KIND OF BUSINESS OR INDUSTRY FISHER Body
11. BIRTHPLACE (City and State or Foreign Country) KANSAS CITY MO
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME WENDELL HOLMES GREER
13b. MOTHER'S MAIDEN NAME MINNIE ADAMS
14. NAME OF HUSBAND OR WIFE ESMA GREER

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) YES (If yes, give war or dates of service) WW #2
16. SOCIAL SECURITY NO. 488-22-3009
17. INFORMANT'S SIGNATURE OR NAME Minnie Green ADDRESS 2321 Lowndale

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Subdural Hemorrhage

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Ruptured Liver & Spleen
DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

E 8164

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☒ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) Accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Street
21c. (CITY, TOWN, OR TOWNSHIP) Jackson (COUNTY) 700 (STATE) MO

21d. TIME OF INJURY (Month) 5 (Day) 9 (Year) 54 (Hour) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒
21f. HOW DID INJURY OCCUR? Two Car Collision

22. I hereby certify that I attended the deceased from _____, 19___, to _____, 19___, that I last saw the deceased alive on _____, 19___, and that death occurred at _____ m., from the causes and on the date stated above.

23a. SIGNATURE Hugh H. Owens (Degree or title) Hugh H. Owens Coroner
23b. ADDRESS 1034 Rialto Bldg
23c. DATE SIGNED 5-10-54

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE MAY 13 1954
24c. NAME OF CEMETERY OR CREMATORY MT WASHINGTON
24d. LOCATION (City, town, or county) (State) K.C. MO

DATE REC'D BY LOCAL REG. 5-12-54
REGISTRAR'S SIGNATURE Geraldine Smith
25. FUNERAL DIRECTOR'S SIGNATURE John P. Shiel ADDRESS K.C. MO.

(Licensed Embalmer's Statement on Reverse Side)

FEB 17 1958

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was emba

by me, or by ....., Student Embalmer No.....

working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Richard E. Carroll.....

Licensed Embalmer No. 482

P. O. Address K. C. Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Fa
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.