

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **18936**
2451

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY Jackson				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before death) a. STATE Kansas b. COUNTY Wyandotte				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Kansas City		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Kansas City		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
d. FULL NAME OF HOSPITAL OR INSTITUTION Osteopathic Hospital				e. STREET ADDRESS 220 Seminary 81509				
3. NAME OF DECEASED (Type or Print) a. (First) Emina		b. (Middle) Pearl		c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) May 29 1954		
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed 2		8. DATE OF BIRTH Mar. 2 1887		
9. AGE (In years, Months, Days) 67		IF UNDER 1 YEAR: Months _____ Days _____		IF UNDER 24 HRS: Hours _____ Min. _____				
10a. USUAL OCCUPATION (Give kind of work during most of the life, even if retired) Housewife			10b. KIND OF BUSINESS OR INDUSTRY _____			11. BIRTHPLACE (City and State or Foreign Country) Afton, Minn. 1		
12. CITIZEN OF WHAT COUNTRY? USA			13a. FATHER'S NAME Curtis I. Persons		13b. MOTHER'S MAIDEN NAME Nellie Anderson		14. NAME OF HUSBAND OR WIFE Henry 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. 493-18-6119		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Edna Kolich (Daughter) KCK				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute Myocardial Failure ANTECEDENT CAUSES Myocardial Infarction Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Coronary Artery Occlusion II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Arteriosclerosis					INTERVAL BETWEEN ONSET AND DEATH 4201	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input checked="" 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 _____, 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 D. A. HOBKINS (Degree or title) D. A. Hobkins D.O. Pathologist				23b. ADDRESS 2105 Independence Ave Kansas City, Mo.		23c. DATE SIGNED 5-30-54		
24a. BURIAL CREMATION (Specify) Removal		24b. DATE June 1 1954		24c. NAME OF CEMETERY OR CREMATORY Maple Hill Cemetery		24d. LOCATION (City, town, or county) (State) Kansas City, Kansas		
DATE REC'D BY LOCAL REG. 6-1-54		REGISTRAR'S SIGNATURE Seraldine Smith		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Simmons Funeral Home KCK				

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..... *Max E. Meyer*

Licensed Embalmer No..... *745*

P. O. Address..... *H. E. K. S.*

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.