

FILED JUL 12 1954

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. _____

18938

2649

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). 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. LENGTH OF STAY (In this place) <u>3 1/2 Yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Josephs Hospital</u>				d. STREET ADDRESS (If rural, give location) <u>1223 Colorado</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>William</u> b. (Middle) <u>Bailey</u> c. (Last) <u>Green Sr.</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>June 11 1954</u>				
5. SEX <u>D</u> <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>24 April 1874</u>	9. AGE (In years, last birthday) <u>80</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 10 HRS. Hours _____ Min. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carrier</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>U.S. Mail</u>		11. BIRTHPLACE (City and State or Foreign Country) <u>Goodman, Missouri</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>	
13a. FATHER'S NAME <u>David S. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Betty Hutchins</u>		14. NAME OF HUSBAND OR WIFE <u>Martha V. Green</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.V. Green 1223 Colorado Kansas City, Mo.</u>			
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) <u>Acute left Ventricular Failure</u> ANTECEDENT CAUSES Morbid conditions, if any, giving DUE TO (b) <u>Acute Pulmonary Edema</u> rise to the above cause (a) stating the underlying cause last. DUE TO (c) <u>Fracture Comminuted Lt Femur</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Atherosclerosis</u>				INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u> <u>7 days</u>	
19a. DATE OF OPERATION <u>none</u>		19b. MAJOR FINDINGS OF OPERATION <u>E9025</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>street</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Kansas City Jackson, Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>6 4 1954 3P</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell on sidewalk & fractured Lt femur</u>			
22. I hereby certify that I attended the deceased from <u>6-4</u> , 19 <u>54</u> , to <u>6-11</u> , 19 <u>54</u> , that I last saw the deceased alive on <u>6-11</u> , 19 <u>54</u> , and that death occurred at <u>10 P</u> m., from the causes and on the date stated above.							
23a. SIGNATURE <u>J. M. Haight</u> (Degree or title) <u>MD</u>				23b. ADDRESS <u>3401 E 12th KC Mo</u>		23c. DATE SIGNED <u>6-12-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>14 June 54</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills</u>		24d. LOCATION (City, town, or county) (State) <u>Kansas City, Missouri</u>	
DATE RECD BY LOCAL REG. <u>6-12-54</u>		REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Floral Hills Memorial Chapels K.C. Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

NA 1967 3401 E 12

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

Lloyd C. McCard

Licensed Embalmer No. 4853

P. O. Address. 71. C. Mo.

Note: The above **MUST BE SIGNED BY THE LICENSED EMBALMER** in his **OWN HANDWRITING**. (Failure to comply the above constitutes grounds for revocation of license.)

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