

FILED AUG 18 1954

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. ....

26579

BIRTH NO. .... REG. DIST. NO. 393 PRIMARY REG. DIST. NO. 1002 Registrar's No. 3602

1. PLACE OF DEATH a. COUNTY <u>Clay</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Clay</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City North</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>X Kearney</u>	
c. LENGTH OF STAY (in this place) .....		d. STREET ADDRESS (If rural, give location) <u>6000 /</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>4222 N. Grand</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>James</u>	b. (Middle) <u>S.</u>	c. (Last) <u>Greenfield</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>July 21 1954</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Widower</u>	8. DATE OF BIRTH <u>Aug. 13, 1875</u>	9. AGE (In years) (If under 1 year, last birthday) (Months) (Days) (If under 2 hrs., Hours) (Min.) <u>78</u>
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10a. USUAL OCCUPATION (Give kind of work dominating most of working life, even if retired) <u>Farmer</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Cattle feeder</u>	11. BIRTHPLACE (State or foreign country) <u>Clay Co. Mo.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Samuel S. Greenfield</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Leavel</u>	14. NAME OF HUSBAND OR WIFE <u>unknown</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) <u>no</u>	16. SOCIAL SECURITY NO. <u>none</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Frank Trimble</u> ADDRESS <u>K.C. Mo.</u>
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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		INTERVAL BETWEEN ONSET AND DEATH <u>3 days</u>  <u>331 X</u>  <u>10 yrs</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular accident</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) .....		
II. OTHER SIGNIFICANT CONDITIONS - Conditions contributing to the death but not related to the disease or condition causing death. <u>Parkinsonism</u>			

19a. DATE OF OPERATION .....	19b. MAJOR FINDINGS OF OPERATION <u>none</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) .....
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.) .....	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR? .....
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22. I hereby certify that I attended the deceased from June 1952, to July 20, 1954, that I last saw the deceased alive on July 20, 1954, and that death occurred at 6:57 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robert W. Hodge MD</u> (Degree or title)	23b. ADDRESS <u>329 Armore Road N.C. Mo.</u>	23c. DATE SIGNED <u>7-23-54</u>
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24a. BURIAL CREMA-TION (Specify) <u>burial</u>	24b. DATE <u>July 23, 1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Mt Olivet Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Kearney Mo.</u>
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DATE REC'D BY LOCAL REG. <u>7-23-54</u>	REGISTRAR'S SIGNATURE <u>Geraldine Smith</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Leopold Jay Kearney</u> ADDRESS .....
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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 Leonard Fry

Licensed Embalmer No. 1677

P. O. Address Kearney Mo

**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.