

FILED FEB 24 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No.

4816

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 504

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>LAFAYETTE</u>	
b. CITY OR TOWN <u>KANSAS CITY</u>		c. CITY OR TOWN <u>HIGGINSVILLE</u>	
c. LENGTH OF STAY (If in this place) <u>4 days</u>		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 <u>TRINITY LUTHERAN HOSPITAL</u>		e. STREET ADDRESS (If rural, give location) <u>2406 WALNUT</u> <u>0540</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>LOUIS</u>	b. (Middle) <u>EARL</u>	c. (Last) <u>GREEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>FEB 4, 1955</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>married</u>	8. DATE OF BIRTH <u>JUNE 9, 1896</u>	9. AGE (In years last birthday) <u>58</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>LABORER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>BENDIX</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>HIGGINSVILLE, MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>FOUNT HADEN GREEN</u>	13b. MOTHER'S MAIDEN NAME <u>FANNIE L. RUMANS</u>	14. NAME OF HUSBAND OR WIFE <u>MRS DOROTHY GREEN</u>
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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>495-05-936</u>	17. INFORMANT'S SIGNATURE OR NAME <u>DOROTHY GREEN</u>	ADDRESS <u>HIGGINSVILLE, 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, asthma, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Carcinoma of lung, Primary</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 mo</u>
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Pneumectomy - 2</u>		
	DUE TO (c) <u>post op. Pulmonary embolism</u>		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.			<u>162X</u>

19a. DATE OF OPERATION <u>2/3/55</u>	19b. MAJOR FINDINGS OF OPERATION <u>Carcinoma of lung</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) m.	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 2/1/55, 19 , to 2/4/55, 19 , that I last saw the deceased alive on 2/4/55, 19 , and that death occurred at 3:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>Clarke B. Henry</u> (Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Playa med Bldg, K.C. Mo</u>	23c. DATE SIGNED <u>2/4/55</u>
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24a. BURIAL CREMATION (REMOVAL) (Specify) <u>BURIAL</u>	24b. DATE <u>FEB. 4, 1955</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CITY - CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>HIGGINSVILLE MISSOURI</u>
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DATE REC'D BY LOCAL REG. <u>2-4-55</u>	REGISTRAR'S SIGNATURE <u>Gene Minshall</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W.H. Newcomer Inc</u>	ADDRESS <u>1331 BRUSH CREEK KANSAS CITY MO</u>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

~~Handwritten scribble~~

APR 5 1958

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 *Albert J. Savage*.....

Licensed Embalmer No. *481*

P. O. Address *Florida*

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.