

STANDARD CERTIFICATE OF DEATH

FILED FEB 17 1955

State File No.

No. 300
10.48

BIRTH NO. _____ REG. DIST. NO. 150 PRIMARY REG. DIST. NO. 5572 Registrar's No. 26

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Jackson	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Rural Prairie Township Mo. 26a		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Sibley 7000	
d. FULL NAME OF HOSPITAL OR INSTITUTION Jackson County Hospital		d. STREET ADDRESS (If rural, give location) None	

3. NAME OF DECEASED (Type or Print) Margaret Frances Green	a. (First)	b. (Middle)	c. (Last)	4. DATE OF DEATH (Month) (Day) (Year) January 26, 1955
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5. SEX Female	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH April 12, 1892	9. AGE (In years last birthday) 62	Months 9	Days 13
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	10b. KIND OF BUSINESS OR INDUSTRY None	11. BIRTHPLACE (State or foreign country) Kansas City, Kansas	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME Ford	13b. MOTHER'S MAIDEN NAME Not Known	14. NAME OF HUSBAND OR WIFE John C. Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No	16. SOCIAL SECURITY NO. (If yes, give war or date of service) None	17. INFORMANT'S SIGNATURE OR NAME (Address) Vermillion West (son) Buckner
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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.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Metastatic Cancer		INTERVAL BETWEEN ONSET AND DEATH
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) Cancer of Bladder		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION 181X	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)
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?

22. I hereby certify that I attended the deceased from 1-3-55, 1955, to 1-26-55, 1955, that I last saw the deceased alive on 1-25-55, 1955, and that death occurred at 4:30 a.m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) Harold W. Ahman M.D.	23b. ADDRESS Jordan City Hospital	23c. DATE SIGNED 1-26-55
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 1/28/1955	24c. NAME OF CEMETERY OR CREMATORY Buckner Cemetry	24d. LOCATION (City, town, or county) (State) Buckner, Missouri
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DATE REC'D BY LOCAL REG. 1-31-55	REGISTRAR'S SIGNATURE W. D. Langford 483	25. FUNERAL DIRECTOR'S SIGNATURE W. M. Kappert	ADDRESS Buckner Mo.
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WRITE PLAINLY—USING UNFADEING 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 _____

Licensed Embalmer No. 4311

P. O. Address Buckner

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.