

FILED JUN 22 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 18675

2357

BIRTH NO. 4732 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2357

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 Kansas City		c. LENGTH OF STAY (in this place) life		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 (If not in hospital or institution, give street address or location) HOSPITAL OR INSTITUTION General Hospital No. 1				18. STREET ADDRESS (If rural, give location) 2608 E. 10 3188					
3. NAME OF DECEASED (Type or Print) a. (First) Nita		b. (Middle) Kay		c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) 4 24 1955			
5. SEX Female		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never married		8. DATE OF BIRTH 4-23-1955			
9. AGE (In years last birthday) 21		IF UNDER 1 YEAR Months 21		IF UNDER 24 HRS. Hours 21		IF UNDER 1 HRS. Mins.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Infant			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) Kansas City, Missouri			
12. CITIZEN OF WHAT COUNTRY? U.S.									
13a. FATHER'S NAME Andrew Albert Green			13b. MOTHER'S MAIDEN NAME Vernita Eileen Coron			14. NAME OF HUSBAND OR WIFE none			
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. none		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Record Librarian K.C. Gen'l Hosp. #1					
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)				MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Prematurity									
ANTECEDENT CAUSES				DUE TO (b)					
*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.				DUE TO (c)					
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				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) (Min)		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 April 23, 1955 , to April 24, 1955 , that I last saw the deceased alive on April 24, 1955 and that death occurred at 12 P. m. , from the causes and on the date stated above.									
23a. SIGNATURE B. I. Burns (Degree or title)				23b. ADDRESS 24th & Cherry				23c. DATE SIGNED 4-25-55	
24a. BURIAL, CREMATION/REMOVAL (to what)		24b. DATE 6-3-55		24c. NAME OF CEMETERY OR CREMATORY Linds		24d. LOCATION (City, town, or county) (State) Kansas City MO			
DATE REC'D BY LOCAL REG. 6-1-55		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS W. C. Moore K.C. MO					

(Licensed Embalmer's Statement on Reverse Side)

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 Not Embalmed, Student Embalmer No..... working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed Wm A. Lohmeyer

Licensed Embalmer No. 30

P. O. Address NC 7

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.