

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **23736**
3027

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 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 OR TOWN <u>Kansas City</u>		c. CITY OR TOWN <u>Kansas City</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Mary's Hospital</u>		e. STREET ADDRESS (If rural, give location) <u>409 South MONROE AVENUE</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>GEORGE</u> b. (Middle) <u>ARTHUR</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>July 10 1956</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>March 31, 1880</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR: Months Days		IF UNDER 2 HRS: Hours Min.	
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10a. USUAL OCCUPATION (Give kind of work done during most of working life. No if retired) <u>Retired Carpenter Self</u>			10b. KIND OF BUSINESS OR INDUSTRY			11. BIRTHPLACE (City and State or Foreign Country) <u>Mack Creek, Missouri</u>			12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
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13a. FATHER'S NAME <u>Lasper Green</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Jackson</u>		14. NAME OF HUSBAND OR WIFE <u>Ida Green</u>	
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY NO. <u>496-09-1867</u>		17. INFORMANT'S SIGNATURE OR NAME <u>(Daughter) Mrs. Leoma West</u>		ADDRESS <u>Walnut, California</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.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cor Pulmonale, Cardiac decompenstation</u> ANTECEDENT CAUSES <u>Asthma, Emphysema</u> DUE TO (b) <u>General Arterio sclerosis</u> DUE TO (c) <u>General Arterio sclerosis</u>				MEDICAL CERTIFICATION INTERVAL BETWEEN ONSET AND DEATH <u>5 hrs</u> <u>4 days</u> <u>15 hrs</u> <u>15 hrs</u>	
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 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 7/7, 1956, to 7/10, 1956, that I last saw the deceased alive on 7/10, 1956, and that death occurred at 8:40 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>P. J. O'Connell</u> (Degree or title) <u>M.D.</u>		23b. ADDRESS <u>4178 Cambridge K.C.K.</u>		23c. DATE SIGNED <u>7/11/56</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>REMOVAL</u>		24b. DATE <u>JULY 13 1956</u>		24c. NAME OF CEMETERY OR CREMATORY <u>PARRICK GROVE CEMETERY</u>		24d. LOCATION (City, town, or county) (State) <u>MACKS CREEK MISSOURI</u>	
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DATE REC'D BY LOCAL REG. <u>7-12-56</u>		REGISTRAR'S SIGNATURE <u>Neva Marshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>D.W. Newcomer's Sons</u>		ADDRESS <u>1221 Buck Creek P.C. MO-</u>	
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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 Everett L. Smith, Student Embalmer No. 526 working under my personal supervision.

Student Everett L. Smith
Signature of Student Embalmer

Signed Adrian Jay Stitt

Licensed Embalmer No. 4892

P. O. Address W.C. 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 embalmed by a **STUDENT**, he also shall sign in his **OWN handwriting**.

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