

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

41826

FILED DEC 27 1956

STATE FILE NUMBER

Registration District No. 146 Primary Registration District No. 3026 Registrar's No. 570

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> COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Independence</u>		c. CITY OR TOWN <u>Independence</u>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <u>Residence</u>		d. STREET ADDRESS (If outside, give location) <u>416 N. River</u>	
Length of stay in 1b <u>71 yrs</u>		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	

3. NAME OF DECEASED (Type or print) First <u>Fred</u> Middle <u>R.</u> Last <u>Green</u>			4. DATE OF DEATH Month <u>Dec.</u> Day <u>14</u> Year <u>1956</u>		
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Oct. 2, 1879</u>	9. AGE (In years last birthday) <u>77</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired Foreman</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Stove Mfr.</u>		11. BIRTHPLACE (City and state or country) <u>Decatur Co., Iowa</u>	
13. FATHER'S NAME <u>Geo. W. Green</u>			14. MOTHER'S MAIDEN NAME <u>Louella M. Casey</u>		
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yrs. give war or dates of service) <u>no none</u>		16. SOCIAL SECURITY NO. <u>490 09 1288</u>		17. INFORMANT <u>Lillian M. Green, Independence, Mo.</u>	

18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <u>arterio-sclerosis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>1 year</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Myocardial insufficiency</u> DUE TO (c) <u>hypertension, arteriosclerosis, gum and liver</u>		
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(n) <u>4221</u>		19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>

20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) <u>none</u>	
20c. TIME OF INJURY Hour <u>none</u> Month, Day, Year		
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e. g., in or about home, farm, factory, street, office bldg., etc.) <u>none</u>	20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1930 to Dec 14 1956 and last saw her alive on Dec 14 1956  
Death occurred at \_\_\_\_\_ m on the date stated above; and to the best of my knowledge from the causes stated.

22a. SIGNATURE <u>[Signature]</u> (Degree or title)	22b. ADDRESS <u>1090 W. Independence</u>	22c. DATE SIGNED <u>12-14-56</u>
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23a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	23b. DATE <u>12/17/56</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Md. Grove Cemetery</u>	23d. LOCATION (City, town, or county) (State) <u>Independence, Mo.</u>
24. FUNERAL DIRECTOR <u>Geo. C. Carson, Independence, Mo.</u>		25. DATE RECD. BY LOCAL REG. <u>12-17-56</u>	26. REGISTRAR'S SIGNATURE <u>[Signature]</u>

(Licensed Embalmer's Statement on Reverse Side)

Doctor, coroner, etc. must use only standard nomenclature in item 18. No symptoms will be listed. All diseases in Part I must be causally related. Coroner cannot certify to a death due to natural causes.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

300  
-56

340

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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 C. Ray Lunderback, Student Embalmer No. 5 working under my personal supervision..

Student C. Ray Lunderback  
Signature of Student Embalmer

Signed Harold E. Madra

Licensed Embalmer No. 46

P. O. Address Indigo

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.