

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

4733

State File No. _____

FILED MAR 4 1957

634

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <u>Jackson</u>				2. USUAL RESIDENCE (Where deceased lived. Institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u>				
b. CITY (If outside corporate limits, write RURAL and give township) <u>Kansas City</u>		c. LENGTH OF STAY in this place <u>50 yr</u>		c. CITY OR TOWN <u>Kansas City</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>808 Prospect</u>				e. STREET ADDRESS (If rural, give location) <u>808 Prospect</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>William Walter</u> b. (Middle) <u>Greenwood</u> c. (Last) _____			4. DATE OF DEATH (Month) (Day) (Year) <u>2-8-57</u>					
5. SEX <u>Male</u>		6. COLOR OR RACE <u>W/W</u>	7. MARRIED, NEVER MARRIED, 3 WIDOWED, DIVORCED (Specify) <u>Divorced</u>	8. DATE OF BIRTH <u>March 5, 1888</u>		9. AGE (In years) <u>68</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 Hrs. Hours _____ Mins. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Carpenter</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Construction</u>		11. BIRTH PLACE (City and State or Foreign Country) <u>Shelbourn County, Mo</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.</u>		
13a. FATHER'S NAME <u>John J. Greenwood</u>			13b. MOTHER'S MAIDEN NAME <u>Hattie M. Bremer</u>		14. NAME OF HUSBAND OR WIFE <u>None</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u>		16. SOCIAL SECURITY (If yes, give war or dates of service) <u>487-16-8650</u>		17. INFORMANT'S SIGNATURE OR NAME <u>1118 Main St. Mrs. Marie Holman</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cause of Death unknown</u>					INTERVAL BETWEEN ONSET AND DEATH <u>7955</u>	
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused 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) _____						
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <u>Of cor. compared to post</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) _____		21b. PLACE OF INJURY (e.g., in private home, farm, factory, street, office building, etc.) _____		21c. (CITY, TOWN OR TOWNSHIP) (COUNTY) (STATE) _____				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) _____		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Theresa A. Owens Corner</u>			23b. ADDRESS <u>1234 Pratt Bldg</u>			23c. DATE SIGNED <u>2-9-57</u>		
24a. BURIAL CREMATATION OR DISPOSAL <u>Burial</u>		24b. DATE <u>2-10-57</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Chapel Lane</u>		24d. LOCATION (City, town, or county) (State) <u>no.</u>			
DATE REC'D BY LOCAL REG. <u>2-9-57</u>		REGISTRAR'S SIGNATURE <u>neva minshall</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>H. K. Korman & Son K.C. Mo.</u>				

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD Hugh H. Owens

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 *This remains Not Embalmed* Student Embalmer No. working under my personal supervision..

Student.....
Signature of Student Embalmer

Signed *John P. Sidmon*.....

Licensed Embalmer No. *45*.....

P. O. Address *Kansas City*.....

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.