

FILED AUG 1 - 1957

3179

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3179

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, give TOWNSHIP only) Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Lee's Summit		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Trinity Lutheran Hosp.		Length of stay in 1b 10 DAYS		X d. STREET ADDRESS Unity Tower		(If outside, give location) 100 Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First EVERETT Middle E Last GREEN			4. DATE OF DEATH Month July Day 5 Year 1957				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 11, 1902		9. AGE (In years last birthday) 55	IF UNDER 1 YEAR Months 1 Days 0 Hours 0 Min. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Official Host Unity School of Christianity			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (City and state or country) Midway, Pennsylvania		12. CITIZEN OF WHAT COUNTRY? U. S. A.
13. FATHER'S NAME JOHN A. GREEN				14. MOTHER'S MAIDEN NAME MARY JANE HANNA			
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 MRS. WINONA MEDLEY, ONTARIO, CANADA Address			
18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Anterupted Myocardial Infarct Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Sensitized atherosclerosis DUE TO (c)						INTERVAL BETWEEN ONSET AND DEATH 10 day Year 4201	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I (n)						19. WAS AUTOPSY PERFORMED? <input checked="" type="checkbox"/> YES <input type="checkbox"/> NO <input 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.)				
20c. TIME OF INJURY Hour 8:29 A. Month July Day 5 Year 1957 a. m. 8:29 p. m.							
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.)		20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from June 26, 1957 to July 5, 1957 and last saw him alive on July 4, 1957 Death occurred at 8:29 A. on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE Wm. H. Goodson (Degree or title) Wm. H. Goodson			22b. ADDRESS 730 Professional Bldg Kansas City, Mo			22c. DATE SIGNED 7/8/57 (State)	
23a. BURIAL, CREMATION, REMOVAL (Specify) CREMATION		23b. NAME OF CEMETERY OR CREMATORY D.W. NEWCOMER'S SONS		23c. LOCATION (City, town, or county) KANSAS CITY		23d. STATE MISSOURI	
24. FUNERAL DIRECTOR D.W. Newcomer's Sons, Kansas City, Mo.		25. DATE RECD. BY LOCAL REG. 7-9-57		26. REGISTRAR'S SIGNATURE New Marshall			

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.....
Signature of Student Embalmer

Signed *Albert F. Savage*.....

Licensed Embalmer No.....

P. O. Address *Kama*.....

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (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.