

FILED DEC 30 1957

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

44376
STATE FILE NUMBER
5819

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

V. S. 300
ev. 1-57

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) OR TOWN Kansas City		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City, Mo.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Joseph Hosp		Length of stay in lb Life	d. STREET ADDRESS 115 East 34th (If outside, give location)		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First ELIZABETH Middle EUGENIA Last GREEN			4. DATE OF DEATH Month 12 Day 10 Year 57			
5. SEX Fe	6. COLOR OR RACE Wh	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input checked="" type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH 12-5-1887	9. AGE (In years last birthday) 70	IF UNDER 1 YEAR Months Days IF UNDER 24 HRS. Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) At Home		10b. KIND OF BUSINESS OR INDUSTRY XX		11. BIRTHPLACE (City and state or country) Kansas City, Mo.		
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Patrick Green		13b. MOTHER'S MAIDEN NAME Mary A. Hayes		
14. NAME OF HUSBAND OR WIFE XX		15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, No, or unknown) (If yes, give year or dates of service) No		16. SOCIAL SECURITY NO. None		
17. INFORMANT Miss Agnes Green, 115 E. 34, K.C. Mo		18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cerebral Hemorrhage, DUE TO (b) arteriosclerosis Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (c) _____ PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Recent Carcinoma of Breast.		INTERVAL BETWEEN ONSET AND DEATH 33 1/2 H		
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input checked="" type="checkbox"/> <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 _____ Month _____ Day _____ Year _____ g.m. _____ p.m. _____		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) _____		
20f. CITY, TOWN, OR LOCATION _____		20g. COUNTY _____		20h. STATE _____		
21. I attended the deceased from 12/3/57 to 12/19/57 and last saw her alive on 12/19/57 Death occurred at 1:45 A.M. m on the date stated above; and to the best of my knowledge, from the causes stated.		22a. SIGNATURE <i>Ed Kirby M.D.</i> (Degree or title)		22b. ADDRESS 324 E. 11th K.C. Mo		
22c. DATE SIGNED 12/10/57		23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE 12-12-57		
23c. NAME OF CEMETERY OR CREMATORY Mt. St. Mary's		23d. LOCATION (City, town, or county) (State) Kansas City Mo		24. FUNERAL DIRECTOR Wagner Funeral Home, K.C. Mo		
25. DATE RECD. BY LOCAL REG. 12-10-57		26. REGISTRAR'S SIGNATURE <i>Neal Minchell</i>		27. _____		

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.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

HA 1-1577
2:00 PM

K.P.
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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, Student Embalmer No. working under my personal supervision.

Student
Signature of Student Embalmer

Signed *Thomas B. Fiedler*

Licensed Embalmer No. *4995*

P. O. Address *A. C. ...*

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.