

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

1256 1308
STATE FILE NUMBER

FILED FEB 3 1958

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 140

| | | | | | |
|--|---|---|--|--|---|
| 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 type="checkbox"/> No <input type="checkbox"/> | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input type="checkbox"/> No <input type="checkbox"/> |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION 4023 Montgall | | Length of stay in lb 50 yrs. | d. STREET ADDRESS (If outside, give location) 4023 Montgall | | Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/> |
| 3. NAME OF DECEASED (Type or print) First Aura Middle - Last Greene | | | 4. DATE OF DEATH Month Jan. Day 8, Year 1958 | | |
| 5. SEX female | 6. COLOR OR RACE white | 7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input checked="" type="checkbox"/> DIVORCED <input type="checkbox"/> | 8. DATE OF BIRTH Mar. 11, 1884 | 9. AGE (In years last birthday) 73 | IF UNDER 1 YEAR Months 0 Days 0 |
| IF UNDER 24 HRS. Hours 0 Min. 0 | 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) housewife | | 10b. KIND OF BUSINESS OR INDUSTRY at home | 11. BIRTHPLACE (City and state or country) Whittier North Carolina | 12. CITIZEN OF WHAT COUNTRY? U. S. |
| 13a. FATHER'S NAME Joseph Keener | | 13b. MOTHER'S MAIDEN NAME Virlincha Gibbs | | 14. NAME OF HUSBAND OR WIFE George Greene | |
| 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. 500-22-7014 | 17. INFORMANT Address Mrs. L. E. Dyson 4023 Montgall 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) acute cardiac failure | | | | | INTERVAL BETWEEN ONSET AND DEATH |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. | | DUE TO (b) coronary occlusion | | | 24 hrs. |
| | | DUE TO (c) arteriosclerosis | | | 4201 |
| PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) | | | | | 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.) | | | |
| 20c. TIME OF INJURY Hour 0 a.m. 0 p.m. | | 20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) | | | |
| 20d. INJURY OCCURRED WHILE AT <input type="checkbox"/> WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> | | 20e. CITY, TOWN, OR LOCATION | | COUNTY STATE | |
| 21. I attended the deceased from _____, to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated. | | | | | |
| 22a. SIGNATURE <i>H. L. Dwyer</i> | | | (Degree or title) Health Director | 22b. ADDRESS City Hall | 22c. DATE SIGNED 1-8-58 |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) burial | 23b. DATE Jan. 10, 1958 | 23c. NAME OF CEMETERY OR CREMATORY Mt. Moriah | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | |
| 24. FUNERAL DIRECTOR ADDRESS D. W. Newcomer's Sons 1331 Brush Creek | | | 25. DATE RECD. BY LOCAL REG. 1-10-58 | 26. REGISTRAR'S SIGNATURE <i>Neva Marshall</i> | |

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

H. L. Dwyer



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

Vern Lawler

Licensed Embalmer No. *4915*

P. O. Address *47 E 32nd St NYC*

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.