

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-018214

STATE FILE NUMBER

2106

FILED MAY 19 1958

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

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1-57

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> b. COUNTY <u>Jackson</u>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <u>Kansas City</u>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN <u>Raytown</u> 7000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF HOSPITAL OR INSTITUTION <u>St. Luke's Hosp</u>		Length of stay in 1b <u>1 day</u>	d. STREET ADDRESS (If outside, give location) <u>9500 E 63rd</u> Reside on Form Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
3. NAME OF DECEASED (Type or print) First <u>James</u> Middle <u>Holmes</u> Last <u>Greene Sr</u>			4. DATE OF DEATH Month <u>April</u> Day <u>23</u> Year <u>1958</u>
5. SEX <u>Male</u>	6. COLOR OF RACE <u>White</u>	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH <u>Jan 9, 1897</u>
9. AGE (In years, if UNDER 1 YEAR; if UNDER 24 HRS. last birthday) <u>47</u>		10. USUAL OCCUPATION (Give kind of work done during last working life, if engaged) <u>Pres. B. E. Wheat</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Real Estate</u>
11. BIRTHPLACE (City and state or country) <u>Raytown, Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>USA</u>	
13a. FATHER'S NAME <u>Madison W. Greene</u>		13b. MOTHER'S MAIDEN NAME <u>Eliza Campbell</u>	
14. NAME OF HUSBAND OR WIFE <u>Alta Greene</u>		17. INFORMANT <u>J. B. Greene Jr. 5744 Blue Ridge</u>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> ) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <u>500-22-9554</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>Coronary Thrombosis</u>			INTERVAL BETWEEN ONSET AND DEATH <u>12 hrs</u>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <u>Arteriosclerosis, hardening</u>			<u>1 yr +</u>
DUE TO (c)			<u>4201</u>
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 checked="" 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 . Month, Day, Year a.m. 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 <u>4-23-58</u> , to <u>4-23-58</u> and last saw him alive on <u>4-23-58</u> Death occurred at <u>700 P.M.</u> m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>Alma D. Greer</u> (Degree or title)		22b. ADDRESS <u>Kansas City, Mo</u>	22c. DATE SIGNED <u>4/24/58</u>
23a. BURIAL, CREMATION, OR REMOVAL (Specify)	23b. DATE <u>4-26-58</u>	23c. NAME OF CEMETERY OR CREMATORY <u>Floral Hills Cem</u>	23d. LOCATION (City, town, or county) (State) <u>Raytown, Mo</u>
24. FUNERAL DIRECTOR <u>Wilton L. Kestly - Raytown, Mo</u>		25. DATE RECD. BY LOCAL REG. <u>4-25-58</u>	REGISTRAR'S SIGNATURE <u>Neva Marshall</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.

James A. Jarvis USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE MEDICAL CERTIFICATION



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 *Walter L. Keeley* .....

Licensed Embalmer No. *4225* .....

P. O. Address. *Raytown, Mo* .....

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.