

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-020980

STATE FILE NUMBER

602

42

1000

Registration District No.

Primary Registration District No.

FILED JUN 16 1958

300
-57

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1. PLACE OF DEATH a. COUNTY Buchanan		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 Buchanan		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Kansas City 3358 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION State Hospital # 2		Length of stay in lb 20 yrs 1m 0	d. STREET ADDRESS (If outside, give location) 2715 Wenzel Ave. Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>

3. NAME OF DECEASED (Type or print) First Middle Last GEORGE Robert GREEN			4. DATE OF DEATH Month Day Year June 6 1958			
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5. SEX Male 0	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 March 14, 1886	9. AGE (In years last birthday) 72	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Common Laborer	10b. KIND OF BUSINESS OR INDUSTRY Electrical Ashland Missouri	11. BIRTHPLACE (City and state or country) 0	12. CITIZEN OF WHAT COUNTRY? U. S. A.
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13a. FATHER'S NAME John Riley Green	13b. MOTHER'S MAIDEN NAME Katherine Christian	14. NAME OF HUSBAND OR WIFE -----
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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 Hospital Records Address
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18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Broncho-pneumonia		INTERVAL BETWEEN ONSET AND DEATH 4 days
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.	DUE TO (b) Fracture of left pelvic bone	5 days
	DUE TO (c) _____	9047 48
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 checked="" 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.) Unknown; Patient had previous fracture of Pelvic bone
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20c. TIME OF . Hour Month, Day, Year unknown June 1958 p.m. (day, bnk)	20d. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Ward at St. Hosp. #2	20e. CITY, TOWN, OR LOCATION St. Joseph Buchanan Missouri
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21. I attended the deceased from May 30, 1958 to June 6, 1958 and last saw him alive on June 6, 1958 Death occurred at 7:20 A m on the date stated above; and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) <i>Mohammed T. Khan M.D.</i>	22b. ADDRESS Mo. State Hospital #2, St. Joseph	22c. DATE SIGNED 6/6/58
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23a. BURIAL, CREMATION, REMOVAL (Specify) Burial & Removal	23b. DATE 6-8-1958	23c. NAME OF CEMETERY OR CREMATORY Mt. Pleasant Cemetery	23d. LOCATION (City, town, or county) (State) Ashland, Mo.
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24. FUNERAL DIRECTOR Melody-McGilley-Eylar Funeral Home ADDRESS Woodland-Linwood	25. DATE RECD. BY LOCAL REG. June 9, 1958	26. REGISTRAR'S SIGNATURE <i>Wm. Clark Goodell</i>
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USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

540

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 *Arthur Eugene Hoak*

Licensed Embalmer No. *4912*

P. O. Address *C.C. 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.