

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-025513

STATE FILE NUMBER 3236

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 3236

FILED JUL 25 1958

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo 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
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 4139 Prospect		Length of stay in lb 45 yrs.	d. STREET ADDRESS (If outside, give location) 4139 Prospect
3. NAME OF DECEASED (Type or print) First Middle Last CHARLES WILLIS GREEN			4. DATE OF DEATH Month Day Year June 30, 1958
5. SEX Male	6. COLOR OR RACE White	7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>	8. DATE OF BIRTH May 10, 1880
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Electrician		10b. KIND OF BUSINESS OR INDUSTRY Electrical Contract	11. BIRTHPLACE (City and state or country) Ashland, Mo.
13a. FATHER'S NAME John R. Green		13b. MOTHER'S MAIDEN NAME Katherine Christian	14. NAME OF HUSBAND OR WIFE Lillian
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. 495-03-8053	17. INFORMANT Address Mrs. Lillian Green - 4139 Prospect
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinoma			INTERVAL BETWEEN ONSET AND DEATH 9 months
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Adenocarcinoma of Gall bladder DUE TO (c) Primary			1 year
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 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 Mar 29, 1958 to June 30, 1958 and last saw him alive on June 28, 1958 Death occurred at 3:00 P.M. m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Martin P. Hunter M.D.		22b. ADDRESS Waldheim Bldg. - K. C., Mo.	22c. DATE SIGNED 7/1/58
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial	23b. DATE 7-3-58	23c. NAME OF CEMETERY OR CREMATORY Mt Moriah	23d. LOCATION (City, town, or county) (State) J.C. Mo.
24. FUNERAL DIRECTOR Melody-McGilley-Eylar		ADDRESS K.C., Mo.	25. DATE RECD. BY LOCAL REG. 7-1-58
26. REGISTRAR'S SIGNATURE Neva Marshall			

MEDICAL CERTIFICATION

Martin P. Hunter or use ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

All diseases in Part I must be causally related.

Occur, tubercle, etc. must use only standard nomenclature in their text. No symptoms will be listed.

Mention Name
6 E 11th
Vi 2-6708
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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 *Melvin Dastan*

Licensed Embalmer No. *4903*
P. O. Address *K 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.