

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

58-033180  
STATE FILE NUMBER

FILED OCT 1 1958 Registration District No. 154 Primary Registration District No. 5575 Registrar's No. 33

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri COUNTY Jackson	
b. CITY (If outside corporate limits, give TOWNSHIP only) Grandview Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		c. CITY OR TOWN Grandview 9000 Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) 4 Restorium HOSPITAL OR INSTITUTION Length of stay in lb 90 yrs		d. STREET ADDRESS (If outside, give location) 909 HIGH GROVE Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last MINNIE EDITH GREENE			4. DATE OF DEATH Month Day Year 9-27-58
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 Jan 16, 1865
9. AGE (In years last birthday) 93		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Homemaker	11. BIRTHPLACE (City and state or country) Freemont, Ohio
12. CITIZEN OF WHAT COUNTRY? U.S.A.		13a. FATHER'S NAME O.B. Greene	13b. MOTHER'S MAIDEN NAME Mary Inks
14. NAME OF HUSBAND OR WIFE		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.		17. INFORMANT Iva Butcher 909 High Grove. Address	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Pneumonia, Bilateral Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) cerebral hemorrhage DUE TO (c) Generalized Arteriosclerosis - brain			INTERVAL BETWEEN ONSET AND DEATH 3 days 16 days 190 mts
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.) 2		
20c. TIME OF INJURY Hour Month, Day, Year a.m. p.m.	20d. INJURY OCCURRED WHILE AT <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 Nov 30, 1957, to Sept 26, 1958 and last saw her alive on Sept 26, 1958 Death occurred at 9:15 a.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE (Degree or title) Sam D. Hooper, M.D.		22b. ADDRESS 12921 Grandview Rd Q.V. Mo.	22c. DATE SIGNED 27 Sept 58
23a. BURIAL, CREMATION, REMOVAL (Specify)	23b. DATE 9-29-58	23c. NAME OF CEMETERY OR CREMATORY Lee's Summit Cemetery	23d. LOCATION (City, town, or County) (State) Lee's Summit Mo.
24. FUNERAL DIRECTOR K. George Soudne Grandview Mo		25. DATE RECD. BY LOCAL REG. 9/28/58	26. REGISTRAR'S SIGNATURE Sterling E. Goddard

All diseases in Part I must be causally related.

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

300  
1-57

93  
0

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 *Stuart E. Goodard* .....

Licensed Embalmer No. *4911* .....

P. O. Address *Grandview* .....

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.