

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

59-005577  
STATE FILE NUMBER  
1022

FILED MAR 11 1959

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

300  
-57

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 checked="" type="checkbox"/> No <input type="checkbox"/>	c. CITY OR TOWN Independence
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Osteopathic Hosp 1 Day		Length of stay in lb	d. STREET ADDRESS (If outside, give location) 317 S. MAIN
3. NAME OF DECEASED (Type or print) First Middle Last Selma Leah Greenwood		4. DATE OF DEATH Month Day Year Feb. 20 1959	
5. SEX Female	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 MARCH 29, 1894
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Office		11. BIRTHPLACE (City and state or country) Pleasant Hill, Mo.	12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Wm. H. Wilson		13b. MOTHER'S MAIDEN NAME Florence Trapp	14. NAME OF HUSBAND OR WIFE James A. Greenwood
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. 500-28-1655	17. INFORMANT James A. Greenwood
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Myocardial failure Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Myocardial infarction DUE TO (c) Coronary occlusion			INTERVAL BETWEEN ONSET AND DEATH 2-20-59 9:15 a.m. - 2-20-59 6 p.m.
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.) 40%	
20c. TIME OF INJURY Hour Month, Day, Year p.m.		19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
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.) 9:15 a.m.	20f. CITY, TOWN, OR LOCATION COUNTY STATE 6 p.m.
21. I attended the deceased from 2-20-59 to 2-20-59 and last saw her alive on 2-20-59 Death occurred at 6 p.m. on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE C. J. Zammarr (Degree or title)		22b. ADDRESS 300 S. LIBERTY	22c. DATE SIGNED 2-23-59
23a. BURIAL, CREMATION (Removal of body?) Burial	23b. DATE Feb. 24, 1959	23c. NAME OF CEMETERY OR CREMATORY Mt. Washington	23d. LOCATION (City, town, or county) (State) KANSAS CITY Mo.
24. FUNERAL DIRECTOR Address Tepley-Hinton Raytown, Mo.		25. DATE RECD. BY LOCAL REG. 2-24-59	26. REGISTRAR'S SIGNATURE Newer Minshall

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE  
MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 *John R. [Signature]*

Licensed Embalmer No. *4531*  
P. O. Address *Kansas City,*

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.