

Health, Welfare, Public Service

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

59-009831

STATE FILE NUMBER

FILED MAR 30 1959

Registration District No. 150 Primary Registration District No. 5573 Registrar's No. 75

300
-57

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 Oak Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	c. CITY OR TOWN Oak Grove		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION F.D. # 1		Length of stay in lb 1 yr	d. STREET ADDRESS (If outside, give location) R.F.D. # 1		Reside on Farm Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) First Middle Last Johnnie Albert Greenwood			4. DATE OF DEATH Month Day Year Mar 14 1959		
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 Dec 14 1911	9. AGE (In years last birthday) 47	IF UNDER 1 YEAR Months Days Hours Min. IF UNDER 24 HRS.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farm tenant labor		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Brunswick Mo		12. CITIZEN OF WHAT COUNTRY? USA
13a. FATHER'S NAME John J Greenwood		13b. MOTHER'S MAIDEN NAME Rosalee Conrad		14. NAME OF HUSBAND OR WIFE Juanita 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. 510-05-198	17. INFORMANT Mrs Rosalee Jasper 601 Blue Ridge Address Y.C. Mo		
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Crushed Chest					INTERVAL BETWEEN ONSET AND DEATH
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) 9121 DUE TO (c) 3					
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.) Tractor turned over on chest			
20c. TIME OF INJURY Hour Month, Day, Year a.m. 3-15-59 p.m.		20d. INJURY OCCURRED WHILE AT <input checked="" type="checkbox"/> NOT WHILE WORK <input type="checkbox"/> AT WORK <input type="checkbox"/> 20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Farm			
20f. CITY, TOWN, OR LOCATION Jackson		COUNTY Mo		STATE	
21. I attended the deceased from _____ to _____ and last saw her/him alive on _____ Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.					
21a. SIGNATURE Hugh A. Owens Currier			21b. ADDRESS 1034 Realto Bldg		21c. DATE SIGNED 3-16-59
23a. BURIAL, CREMATION, REMOVAL (Specify) Burial		23b. DATE Mar 17 1959	23c. NAME OF CEMETERY OR CREMATORY Oak Ridge Home Gardens		23d. LOCATION (City, town, or county) (State) Independence Mo
24. FUNERAL DIRECTOR Webb Funeral Home		ADDRESS Blue Springs Mo		25. DATE RECD. BY LOCAL REG. 3-18-59	26. REGISTRAR'S SIGNATURE M. Blumfeld

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

JUL 22 1959

JUL 21 1959

1959

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 William E. Freen

Licensed Embalmer No. 4733

P. O. Address Blue Springs

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.