URI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

59-040072

FILED VS NOV 23 1959

Registration District No. 149 Primary Registration District No. 1001 Registrar's No. 5340 STATE FILE NUMBER

MENDED

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City
Length of stay in 1b Life
c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION General Hospital
Inside Limits Yes ✓ No ☐

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)
a. STATE Mo. b. COUNTY Jackson
c. CITY OR TOWN Kansas City
Inside Limits Yes ☑ No ☐
d. STREET ADDRESS (If outside, give location) 2115 Linwood
Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First (Inf.) Middle (Male) Last Greer

4. DATE OF DEATH Month 10 Day 29 Year 59

5. SEX Male

6. COLOR OR RACE White

7. Married ☐ Never Married ☑ Widowed ☐ Divorced ☐

8. DATE OF BIRTH 10-29-59

9. AGE (last birthday) IF UNDER 1 YEAR Months Days IF UNDER 24 HR Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) infant

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (City and state or country) K.C. Missouri

12. CITIZEN OF WHAT COUNTRY U.S.A.

13a. FATHER'S NAME Henry Greer

13b. MOTHER'S MAIDEN NAME Qonda R. Brueggmann

14. NAME OF HUSBAND OR WIFE none

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) no (If yes, give war or dates of service)

16. SOCIAL SECURITY NO. none

17. INFORMANT Henry Greer Address 2115 Linwood

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Fetal Anoxia
Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.
DUE TO (b) Complete abruptio-placenta
DUE TO (c) Unknown Causes
INTERVAL BETWEEN ONSET AND DEATH

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days. ☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☑

20a. ACCIDENT ☐ SUICIDE ☐ HOMICIDE ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

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 11:48 a.m. 10-29-59 to 11:49 a.m. 10-29-59 and last saw ~~her~~ him alive on 10-29-1959
Death occurred at 11:49 A m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE H. L. Dwyer (Degree or title) M.D.

22b. ADDRESS 2400 Cherry - K.C. Mo.

22c. DATE SIGNED 11-4-59

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial

23b. DATE 11-12-59

23c. NAME OF CEMETERY OR CREMATORY Leeds

23d. LOCATION (City, town, or county) (State) Kansas City, Mo.

24. FUNERAL DIRECTOR Wm. A. Lohmeyer ADDRESS K.C. Mo.

25. DATE RECD. BY LOCAL REG. 11-6-59

26. REGISTRAR'S SIGNATURE Neva Minshall

(Licensed Embalmer's Statement on Reverse Side)

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF Dwyer

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by m

or by Not Embalmed, Student Embalmer No.

working under my personal supervision.

Student

Signature of Student Embalmer

Signed

Licensed Embalmer No. 3089

P. O. Address

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comp 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.