

FRI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-60-000648

FILED VS. JAN 20 1960 59

Registration District No. _____ Primary Registration District No. _____ Registrar's No. 17

STATE FILE NUMBER

| | | | | | | | | | | | | | |
|---|--|---|--|---|---|--|---|--|---|--|--|--|--|
| 1. PLACE OF DEATH a. COUNTY Cass | | | | 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 Mt. Pleasant Township | | Length of stay in 1b 23 Days | | c. CITY OR TOWN Kansas City | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | | | | | | |
| c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR 328th USAF Hospital INSTITUTION Richards-Gebaur AFB, Mo. | | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | | d. STREET ADDRESS (If outside, give location) 1005 W. 96th Street | | Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> | | | | | | |
| 3. NAME OF DECEASED (Type or print) First George Middle Gregory Last Greenwell | | | | 4. DATE OF DEATH Month January Day 15 Year 1960 | | | | | | | | | |
| 5. SEX Male | | 6. COLOR OR RACE Cau | | 7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/> | | 8. DATE OF BIRTH 9 May 1892 | | 9. AGE (last birthday) 67 | | 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) Retired - US Navy | | | 10b. KIND OF BUSINESS OR INDUSTRY Retired - US Navy | | | 11. BIRTHPLACE (City and state or country) St Peters Missouri | | | 12. CITIZEN OF WHAT COUNTRY USA | | | | |
| 13a. FATHER'S NAME Deceased | | | | 13b. MOTHER'S MAIDEN NAME Deceased | | | | 14. NAME OF HUSBAND OR WIFE Grace O. Greenwell | | | | | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes Unknown | | | | 16. SOCIAL SECURITY NO. Unknown | | | | 17. INFORMANT Address Kansas City, Mo. Grace Greenwell, 1005 W. 96th St., | | | | | |
| 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, both lungs | | | | | | | | | | INTERVAL BETWEEN ONSET AND DEATH Unknown | | | |
| Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ | | | | | | | | | | | | | |
| 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. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown | | | | | |
| 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 _____ a.m. _____ p.m. | | Month, Day, Year _____ | | | | | | | | | | | |
| 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 23 December 1959 to 15 Jan 60 and last saw him <input checked="" type="checkbox"/> alive on 15 January 1960 Death occurred at 5:45 A. m on the date stated above, and to the best of my knowledge, from the causes stated. | | | | | | | | | | | | | |
| 22. SIGNATURE <i>Emerson C. Flurkey</i> (Degree or title) EMERSON C. FLURKEY, Captain, USAF, MC | | | | | 22b. ADDRESS 328th USAF Hospital Richards-Gebaur AFB, Missouri | | | | | 22c. DATE SIGNED 15 Jan 60 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE Jan 18, 1960 | | 23c. NAME OF CEMETERY OR CREMATORY Mt Olivet Cemetery | | | 23d. LOCATION (City, town, or county) (State) Kansas City, Mo. | | | | | | |
| 24. FUNERAL DIRECTOR Muehlebach Funeral Home | | | | ADDRESS 6800 Troost | | 25. DATE RECD. BY LOCAL REG. Jan 15 - 60 | | 26. REGISTRAR'S SIGNATURE <i>Mrs. Ray Sebree</i> | | | | | |

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

FEB 29 1960

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by
or by _____, Student Embalmer No. _____
working under my personal supervision.

Student _____
Signature of Student Embalmer

Signed J. T. Crowell

Licensed Embalmer No. 4904

P. O. Address H.C. 9

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