MISSOURI DIVISION OF HEALTH – STANDARD CERTIFICATE OF DEATH

61-008802

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1055 STATE FILE NUMBER

FILED MAR 20 1961

1. PLACE OF DEATH
a. COUNTY Jackson
b. CITY OR TOWN Kansas City — Length of stay in 1b 44 yrs
c. FULL NAME OF HOSPITAL OR INSTITUTION General Hosp — 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) 1315 Bellaview — Reside on Farm Yes ☐ No ☑

3. NAME OF DECEASED (Type or print) First Hilen Middle K. Last Greene
4. DATE OF DEATH Month 2 Day 26 Year 61
5. SEX male
6. COLOR OR RACE white
7. Married ☒ Never Married ☐ Widowed ☐ Divorced ☐
8. DATE OF BIRTH 7-3-1916
9. AGE (last birthday) 44
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) Salesman
10b. KIND OF BUSINESS OR INDUSTRY —
11. BIRTHPLACE (City and state or country) Kansas city, Mo
12. CITIZEN OF WHAT COUNTRY USA
13a. FATHER'S NAME Edward A. Ohrazda
13b. MOTHER'S MAIDEN NAME Edith Tanner
14. NAME OF HUSBAND OR WIFE Angeline Greene
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.
17. INFORMANT Angeline Greene Address 1315 Bellview

MEDICAL CERTIFICATION

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).
PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (a) Rheumatic heart disease — INTERVAL BETWEEN ONSET AND DEATH
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. ☐ 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 2-26-61 to 2-26-61 and last saw him alive on 2-26-61
Death occurred at 9:00 p.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE Frank Ellis (Degree or title) Elmo
22b. ADDRESS 2400 Cherry - City
22c. DATE SIGNED 2/28/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Burial
23b. DATE 3-1-1961
23c. NAME OF CEMETERY OR CREMATORY Elmwood Cem.
23d. LOCATION (City, town, or county) Kansas City, Mo (State)

24. FUNERAL DIRECTOR Passantino Bros ADDRESS KC, Mo
25. DATE RECD. BY LOCAL REG. 2-28-61
26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

ITEM NO.	SHOULD READ	INSTEAD OF	DATE AMENDED

BY AFFIDAVIT OF DOCUMENT

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 L C Passantino

Licensed Embalmer No. 4554

P. O. Address Kc Mo

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.