

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

-61-013747

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 1760 STATE FILE NUMBER

FILED APR 26 1961

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 21 yrs.
 c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Lakeside Hospital Inside Limits Yes No
 d. STREET ADDRESS (If outside, give location) 4149 Jackson Reside on Farm Yes No

3. NAME OF DECEASED First Melrose Middle J. Last Greer 4. DATE OF DEATH Month April Day 9 Year 1961

5. SEX Male 6. COLOR OR RACE White 7. Married Never Married Widowed Divorced 8. DATE OF BIRTH 8-30-1906 9. AGE (last birthday) 54
 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) Bar tender 10b. KIND OF BUSINESS OR INDUSTRY Club Bar 11. BIRTHPLACE (City and state or country) Nashville, Tenn 12. CITIZEN OF WHAT COUNTRY USA

13a. FATHER'S NAME Jonas T. Greer 13b. MOTHER'S MAIDEN NAME Evelyn Massey 14. NAME OF HUSBAND OR WIFE None

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) Yes WWII Army 16. SOCIAL SECURITY NO. 17. INFORMANT Chester H. Greer, 4351 Hardesty, K.C.Mo. Address

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY:
 IMMEDIATE CAUSE (a) Septic Coma INTERVAL BETWEEN ONSET AND DEATH 24 hours
 DUE TO (b) Cirrhosis of Liver years
 DUE TO (c)
 PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Bleeding gastric ulcer
 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 7:00 Month, Day, Year 7/9/61 a.m. p.m.

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 July 1959 to 7/9/61 and last saw ^{him} him alive on 4/9/61
 Death occurred at 7:00 a.m. on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title) Richard E. Griffin, D.O. 22b. ADDRESS 3900 Paseo 22c. DATE SIGNED 4/10/61

23a. BURIAL, CREMATION, REMOVAL (Specify) Removal and burial 23b. DATE 4-12-61 23c. NAME OF CEMETERY OR CREMATORY Ft. Leavenworth Nat'l Cemetery 23d. LOCATION (City, town, or county) (State) Ft. Leavenworth, Kans

24. FUNERAL DIRECTOR Melody-McGilley-Eylar, 20 West Linwood, K. C. Mo. 25. DATE RECD. BY LOCAL REG. 4-10-61 26. REGISTRAR'S SIGNATURE Ruth Long

(Licensed Embalmer's Statement on Reverse Side)

DATE AMENDED
 INSTEAD OF
 DOCUMENT
 MEDICAL CERTIFICATION
 BY AFFIDAVIT OF
 ITEM NO. SHOULD READ

Richard E. Griffin

W. Richard
3900
201-
I Pm

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 Wm H. Dentz
Licensed Embalmer No. 5038
P. O. Address K.C. 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.