

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-61-021273
STATE FILE NUMBER

AMENDED

FILED JUN 21 1961 Primary Registration District No. 1002 Registrar's No. 2810

DATE AMENDED

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

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) KANSAS CITY		Length of stay in 1b 72 YEARS		c. CITY OR TOWN KANSAS CITY Mo		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Lukes			Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		d. STREET ADDRESS (If outside, give location) ROCKHILL MANOR		Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First Middle Last RUSSELL F. GREINER				4. DATE OF DEATH Month Day Year JUNE 4 1961				
5. SEX MALE		6. COLOR OR RACE WHITE		7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/>		8. DATE OF BIRTH 10-17-68		
9. AGE (last birthday) 92		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) CHAIRMAN GREINER-FIFIELD LITHOGRAPH				10b. KIND OF BUSINESS OR INDUSTRY FAIRFIELD, OHIO		11. BIRTHPLACE (City and state or country) U.S.A.		
13a. FATHER'S NAME GEORGE GREINER			13b. MOTHER'S MAIDEN NAME PATIENCE FOLKERTH			14. NAME OF HUSBAND OR WIFE GRACE GREINER		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No				17. INFORMANT Address ELIZABETH TUREMAN, 229 WARD PARKWAY				
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Subarachnoid Hemorrhage INTERVAL BETWEEN ONSET AND DEATH 10 days DUE TO (b) Traumatic Encephalomalacia 10 days Left temporal, Lobe & Right Parietal/ frontal DUE TO (c) Head Injury - Fall in Room 10 days								
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) (2) Terminal ticus (3) Cerebral Arteriosclerosis						PART III. If deceased was female was there a pregnancy in last 90 days.		
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.) Fall in room in Hospital at night striking Rt Parietal Area on something				
20c. TIME OF INJURY Hour a.m. p.m. ± 11:30 PM		Month, Day, Year 5-25-61						
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) Hospital (St. Lukes)		20f. CITY, TOWN, OR LOCATION Kansas City		COUNTY STATE Jackson Mo.		
21. I attended the deceased from Sept. 1960 to 4 June 61 and last saw him live on 4 June 1961 Death occurred at 7:30 P.M. on the date stated above, and to the best of my knowledge, from the causes stated.								
22a. SIGNATURE (Degree or title) Philip G. Kaul M.D.				22b. ADDRESS 711 Nichols Rd.		22c. DATE SIGNED 6-5-61		
23a. BURIAL, CREMATION, REMOVAL (Specify) BURIAL		23b. DATE 6/7/1961		23c. NAME OF CEMETERY OR CREMATORY FOREST HILL		23d. LOCATION (City, town, or county) (State) Kansas City Mo		
24. FUNERAL DIRECTOR STINE & McCLURE, Kansas City, Mo				25. DATE RECD. BY LOCAL REG. 6-6-61		26. REGISTRAR'S SIGNATURE Ruth Long		

MEDICAL CERTIFICATION
Philip G. Kaul

JUL 18 1967

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 Bolon W Meeker

Licensed Embalmer No. 5078

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.