

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

874-62-006512
STATE FILE NUMBER

AMENDED

FILED MAR 7 1962 Primary Registration District No. 1002 Registrar's No.

| | | | |
|--|----------------------------|--|---|
| 1. PLACE OF DEATH a. COUNTY Jackson County | | 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 Kansas City, Missouri | | Length of stay in 1b 1 Mo. | c. CITY OR TOWN Kansas City, Missouri |
| c. FULL NAME OF (IF NOT in hospital, give location) HOSPITAL OR INSTITUTION 1130 Fremont | | Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/> | d. STREET ADDRESS (If outside, give location) 1130 Fremont |
| 3. NAME OF DECEASED (Type or print) First Annie Middle Mae Last Green | | 4. DATE OF DEATH Month 2 Day 13 Year 62 | |
| 5. SEX Female | 6. COLOR OR RACE Wh | 7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input checked="" type="checkbox"/> Divorced <input type="checkbox"/> | 8. DATE OF BIRTH 3-27-1887 |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) | | 10b. KIND OF BUSINESS OR INDUSTRY housewife | 9. AGE (last birthday) 74 |
| 11. BIRTHPLACE (City and state or country) Rossville, Georgia | | 12. CITIZEN OF WHAT COUNTRY US | |
| 13a. FATHER'S NAME Gober | | 13b. MOTHER'S MAIDEN NAME Dorsey | |
| 14. NAME OF HUSBAND OR WIFE Fred B. Green | | 17. INFORMANT James Green 2920 N. 84th Bethel Kan | |
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) | | 16. SOCIAL SECURITY NO. | |
| 18. CAUSE OF DEATH (Enter only one cause per line for Part I. DEATH WAS CAUSED BY: PART I. IMMEDIATE CAUSE (a) Cardiac arrhythmia DUE TO (b) Myocardial ischemia DUE TO (c) Coronary occlusion PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) Pleurisy + Left basilar pneumonitis | | | INTERVAL BETWEEN ONSET AND DEATH 2 minute 2 year 2 yrs and 1 hr |
| 19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input 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.) | | 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 | |
| 20c. TIME OF INJURY Hour 8:00 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 Jan 62 to present and last saw her live on 2-13-62 Death occurred at 8:00 PM m on the date stated above, and to the best of my knowledge, from the causes stated. | | | |
| 22a. SIGNATURE George K. Boyd MD (Degree or title) | | 22b. ADDRESS 5111 Independence Ave | |
| 22c. DATE SIGNED 2-14-62 | | | |
| 23a. BURIAL, CREMATION, REMOVAL (Specify) Burial | | 23b. DATE 2-16-62 | |
| 23c. NAME OF CEMETERY OR CREMATORY Highland Park | | 23d. LOCATION (City, town, or county) (State) K.C.K. | |
| 24. FUNERAL DIRECTOR Gibson & Son ADDRESS K.C.K. | | 25. DATE RECD. BY LOCAL REG. 2-14-62 | |
| | | 26. REGISTRAR'S SIGNATURE Ruth Long | |

DATE POWERED BY

INSTEAD OF

ITEM NO. SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

George K. Boyd

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

Forrest D. Goldman

Licensed Embalmer No. 4714

P. O. Address KC 700

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.