

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

-62-035081

STATE FILE NUMBER

DO NOT WRITE ON THIS STUB

AMENDED

Registration District No. 150 Primary Registration District No. 5572 Registrar's No. 89

FILED SEP 26 1962

VS 300
Rev. 4/59

17000
27000

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4 2
5 9
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9 420.1
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11
12 86-0
13 2-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

10-10-62
23a, b University of Kansas, Lawrence, Kansas Osteopathic College, K.C., Mo.

BY AFFIDAVIT OF Funeral Director DOCUMENT

1. PLACE OF DEATH a. COUNTY JACKSON		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 PRARIE TOWNSHIP		c. CITY OR TOWN JACKSON COUNTY HOME	
Length of stay in 1b 13 yrs		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION JACKSON COUNTY HOME		d. STREET ADDRESS (If outside, give location) LEE SUMMIT ROAD	
3. NAME OF DECEASED (Type or print) First EDWARD GR Middle GREEN Last GREEN		4. DATE OF DEATH Month 9 Day 18 Year 1962	
5. SEX male	6. COLOR OR RACE Negro	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH
9. AGE (last birthday) about 65 yrs		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) unknown		10b. KIND OF BUSINESS OR INDUSTRY unknown	
11. BIRTHPLACE (City and state or country) unknown		12. CITIZEN OF WHAT COUNTRY unknown	
13a. FATHER'S NAME unknown		13b. MOTHER'S MAIDEN NAME unknown	
14. NAME OF HUSBAND OR WIFE unknown		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) unknown	
16. SOCIAL SECURITY NO. unknown		17. INFORMANT County home records Address Indep. Mo.	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Coronary Occlusion			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. <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 <u>Sept 1-62</u> to <u>Sept 18-62</u> and last saw her/him alive on <u>Sept 17-62</u> Death occurred at <u>4-45</u> A m on the date stated above, and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <u>S. H. Griffin M.D.</u> (Degree or title)		22b. ADDRESS <u>2621 E. 27th K.C. MO</u>	
22c. DATE SIGNED <u>9-19-62</u>			
23a. BURIAL, CREMATION, REMOVAL (Specify) removal	23b. DATE 9 20 1962	23c. NAME OF CEMETERY OR CREMATORY <u>Osteopath School K.C. Mo</u>	23d. LOCATION (City, town, or county) (State) <u>Lawrence Kansas</u>
24. FUNERAL DIRECTOR C. K. Kerford Funeral Home K. C. Mo. ADDRESS <u>Univ. of Kansas</u>		25. DATE RECD. BY LOCAL REG. 9-20-62	26. REGISTRAR'S SIGNATURE <u>W.B. Langford</u>

USE BLACK INK OR TYPEWRITER RIBBON

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

E. Kenneth Reeves

Licensed Embalmer No.

4437

P. O. Address

9010

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.