S. No. 300
Rev. 10.48

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 21 1950

State File No. 33526

BIRTH NO. 65-266-50 REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 4147

1. PLACE OF DEATH

a. COUNTY: Jackson

b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

c. LENGTH OF STAY (In this place): 2 days

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): St Lukes.

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).

a. STATE: Missouri

b. COUNTY: Jackson

c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Kansas City

d. STREET ADDRESS (If rural, give location): 3521 Cherry

3. NAME OF DECEASED (Type or Print): a. (First) Lynn b. (Middle) Ronald c. (Last) Green.

4. DATE OF DEATH (Month) 9 (Day) 16 (Year) 50

5. SEX: Male

6. COLOR OR RACE: W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): —

8. DATE OF BIRTH: 9-14-50

9. AGE (In years last birthday): If under 1 year: Months —; Days 2; If under 24 hrs.: Hours —; Min. —

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): 0

10b. KIND OF BUSINESS OR INDUSTRY: —

11. BIRTHPLACE (State or foreign country): Missouri

12. CITIZEN OF WHAT COUNTRY? U.S.

13a. FATHER'S NAME: Rex Ronald Green

13b. MOTHER'S MAIDEN NAME: Josephine Anne Frederick

14. NAME OF HUSBAND OR WIFE: —

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.: —

17. INFORMANT'S SIGNATURE OR NAME: Rex Green ADDRESS: 3521 Cherry

MEDICAL CERTIFICATION

18. CAUSE OF DEATH. Enter only one cause per line for (a), (b), and (c)

This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Sub-dural hemorrhage — INTERVAL BETWEEN ONSET AND DEATH:

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b)

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS *Conditions contributing to the death but not related to the disease or condition causing death.* Pulmonary atelectasis — 7.60a

19a. DATE OF OPERATION: —

19b. MAJOR FINDINGS OF OPERATION:

20. AUTOPSY? YES ☑ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify): —

21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.):

21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)

21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.: —

21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* 9-10, 1950, *to* 9-16, 1950, *that I last saw the deceased alive on* 9-16, 1950, *and that death occurred at* ____ *m., from the causes and on the date stated above.*

23a. SIGNATURE F.C. Coleman (Degree or title) F.C. Coleman M.D. Pathologist

23b. ADDRESS 4922 Bell St. K.C. Mo.

23c. DATE SIGNED 9-18-50

24a. BURIAL, CREMATION, REMOVAL (Specify): Returned (1)

24b. DATE 9-16-50

24c. NAME OF CEMETERY OR CREMATORY — Laboratory

24d. LOCATION (City, town, or county) (State): St. Lukes Hosp.

DATE REC'D BY LOCAL REG. Oct. 2, 1950

REGISTRAR'S SIGNATURE Geraldine Holmes

25. FUNERAL DIRECTOR'S SIGNATURE St Lukes Hospital ADDRESS KC mo.

(Licensed Embalmer's Statement on Reverse Side)

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 .....
Student Embalmer

Signed.....

Licensed Embalmer No.....

P. O. Address.....

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 this body is not embalmed, fact should be so stated above.