

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. **30253**  
**3894**

FILED SEP 22 1951

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. \_\_\_\_\_

|   |  |   |  |
|---|--|---|--|
| 1. PLACE OF DEATH<br>a. COUNTY <u>Jackson</u>   |  | 2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission.)<br>a. STATE <u>Missouri</u> b. COUNTY <u>Jackson</u> |  |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kansas City</u> |  | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural (Brookings)</u>                                       |  |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital No. 1</u>                           |  | d. STREET ADDRESS (If rural, give location) <u>53rd + Blue Ridge Blvd.</u>  |  |

|  |                          |                         |                  |                 |                  |
|--|--------------------------|-------------------------|------------------|-----------------|------------------|
| 3. NAME OF DECEASED<br>(Type or Print) |                          |                         | 4. DATE OF DEATH |                 |                  |
| a. (First) <u>Orien</u>                | b. (Middle) <u>James</u> | c. (Last) <u>Greene</u> | (Month) <u>9</u> | (Day) <u>10</u> | (Year) <u>51</u> |

|                    |                               |   |                                     |   |  |  |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>Jan 3, 1880</u> | 9. AGE (In years last birthday) <u>71</u> | IF UNDER 1 YEAR<br>Months <u>8</u> Days <u>2</u> | IF UNDER 24 HRS.<br>Hours <u></u> Min. <u></u> |
|--------------------|-------------------------------|---|-------------------------------------|---|--|--|

|  |  |  |  |
|--|--|--|--|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, if retired) <u>Deputy Sheriff</u> | 10b. KIND OF BUSINESS OR INDUSTRY <u>Jackson Co. Mo.</u> | 11. BIRTHPLACE (State or foreign country) <u>Brookings Township, Mo.</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u> |
|--|--|--|--|

|  |   |  |
|--|---|--|
| 13a. FATHER'S NAME <u>Wesley Newton Greene</u> | 13b. MOTHER'S MAIDEN NAME <u>Sallie Agnes Smith</u> | 14. NAME OF HUSBAND OR WIFE <u>Louise Agnes Greene</u> |
|--|---|--|

|   |   |  |   |
|---|---|--|---|
| 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> | 16. SOCIAL SECURITY NO. (If res. give war or dates of service) <u>495-24-9093</u> | 17. INFORMANT'S SIGNATURE (Last Name) <u>Mrs. Ralph Lane</u> | ADDRESS <u>316 E. 68th St. K.C. Mo.</u> |
|---|---|--|---|

|   |   |  |   |
|---|---|--|---|
| 18. CAUSE OF DEATH<br>Enter only one cause per line for (a), (b), and (c)<br><br>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION   |  | INTERVAL BETWEEN ONSET AND DEATH<br><br><u>4.1X</u> |
|   | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>  |  |   |
|   | ANTECEDENT CAUSES<br>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.<br>DUE TO (b) _____<br>DUE TO (c) _____ |  |   |
| II. OTHER SIGNIFICANT CONDITIONS<br>Conditions contributing to the death but not related to the disease or condition causing death. <u>Carcinoma of tongue with extension into pharynx</u>                                      |   |  |   |

|                        |                                  |   |
|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY?<br>YES <input checked="" type="checkbox"/> NO <input type="checkbox"/> |
|------------------------|----------------------------------|---|

|   |  |   |
|---|--|---|
| 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) | 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/> | 21f. HOW DID INJURY OCCUR?                      |

22. I hereby certify that I attended the deceased from August 21, 1951, to Sept. 10, 1951, that I last saw the deceased alive on Sept. 10, 1951, and that death occurred at 11:18A m., from the causes and on the date stated above.

|  |                                       |                                 |
|--|---------------------------------------|---------------------------------|
| 23a. SIGNATURE <u>B.I. Burns, M.D.</u> | 23b. ADDRESS <u>24th &amp; Cherry</u> | 23c. DATE SIGNED <u>9-11-51</u> |
|--|---------------------------------------|---------------------------------|

|  |                                |   |  |
|--|--------------------------------|---|--|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Rural</u> | 24b. DATE <u>Sept 12, 1951</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Brookings Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Jackson Co. Mo.</u> |
|--|--------------------------------|---|--|

|   |   |  |                           |
|---|---|--|---------------------------|
| DATE REC'D BY LOCAL REG. <u>9-12-51</u> | REGISTRAR'S SIGNATURE <u>M. S. Holman</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark Regent</u> | ADDRESS <u>Raytown Mo</u> |
|---|---|--|---------------------------|

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

*Dr. Richard*

**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 *Clark Egert*

Licensed Embalmer No. *3983*

P. O. Address *Raytown 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 this body is not embalmed, fact should be so stated above.