

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

13399

State File No.

FILED APR 18 1952

BIRTH NO. REG. DIST. NO. 164 PRIMARY REG. DIST. NO. 3032 Registrar's No. 52

1. PLACE OF DEATH

a. COUNTY **Johnson**

b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Warrensburg**

c. LENGTH OF STAY (In this place) **40 Yrs.**

d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) **411 Broad Street**

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

a. STATE **Missouri** b. COUNTY **Johnson**

c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN **Warrensburg** **0512**

d. STREET ADDRESS (If rural, give location) **411 Broad Street**

3. NAME OF DECEASED (Type or Print)

a. (First) **Frank** b. (Middle) **Divers** c. (Last) **Greenlee**

4. DATE OF DEATH (Month) (Day) (Year) **April 6, 1952**

5. SEX **Male** 6. COLOR OR RACE **White** 7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED, (Specify) **Married**

8. DATE OF BIRTH **Feb. 18, 1875** 9. AGE (In years last birthday) **77** UNDER 1 YEAR UNDER 1 HR. UNDER 1 MIN.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) **Tire & Battery Man**

10b. KIND OF BUSINESS OR INDUSTRY **Tire & Batt. Shop**

11. BIRTHPLACE (State or foreign country) **Johnson County, Missouri**

12. CITIZEN OF WHAT COUNTRY? **U.S.A.**

13a. FATHER'S NAME **John W. Greenlee** 13b. MOTHER'S MAIDEN NAME **Mary Divers** 14. NAME OF HUSBAND OR WIFE **Jessie M. Greenlee**

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) **No** 16. SOCIAL SECURITY NO. **None** 17. INFORMANT'S SIGNATURE OR NAME ADDRESS **Jessie M. Greenlee, Warrensburg**

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

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) **Coronary Thrombosis**

INTERVAL BETWEEN ONSET AND DEATH **244**

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.

19a. DATE OF OPERATION _____ 19b. MAJOR FINDINGS OF OPERATION **151X** 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) _____ 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 **April 1, 1952**, to **April 6, 1952**, that I last saw the deceased alive on **April 6, 1952**, and that death occurred at **5:30 a.m.**, from the causes and on the date stated above.

23a. SIGNATURE **[Signature]** (Degree or title) _____ 23b. ADDRESS **Warrensburg, Mo.** 23c. DATE SIGNED **April 7, 1952**

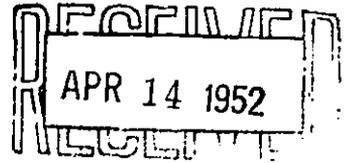
24a. BURIAL CREMATION, REMOVAL (Specify) **Burial** 24b. DATE **Apr. 10, 1952** 24c. NAME OF CEMETERY OR CREMATORY **Sunset Hill** 24d. LOCATION (City, town, or county) (State) **Warrensburg, Missouri**

DATE REC'D BY LOCAL REG. **Apr. 7, 1952** REGISTRAR'S SIGNATURE **[Signature]** 147-0 25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS **Sweeney-Phillips, Warrensburg, Mo.**

(Licensed Embalmer's Statement on Reverse Side)

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

517



JOHNSON COUNTY HEALTH DEPT.

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.....

working under my personal supervision.

Student Embalmer No.....

Signed R. Q. Phillips

Signed.....
Student Embalmer

Licensed Embalmer No. 2320

P. O. Address Warrensburg, 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.