No. 300
10.48

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THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 16485

BIRTH NO. _____ REG. DIST. NO. 149 PRIMARY REG. DIST. NO. 1002 Registrar's No. 2480

1. PLACE OF DEATH
a. COUNTY: JACKSON O
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): GENERAL HOSP

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: MO
b. COUNTY: JACKSON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): KANSAS CITY 3168
d. STREET ADDRESS (If rural, give location): 1004 LYDIA 16

3. NAME OF DECEASED (Type or Print)
a. (First): CLINTON
b. (Middle):
c. (Last): GREENWAY

4. DATE OF DEATH (Month) (Day) (Year): 5 30 52

5. SEX: MO
6. COLOR OR RACE: W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): S O
8. DATE OF BIRTH: 6-15-50
9. AGE (In years last birthday): 1
IF UNDER 1 YEAR: Months ~~#~~ Days
IF UNDER 24 HRS.: Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): infant
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): K.C. MO-O
12. CITIZEN OF WHAT COUNTRY?: U. S.

13a. FATHER'S NAME: DUWAN GREENWAY
13b. MOTHER'S MAIDEN NAME: BARBRA —
14. NAME OF HUSBAND OR WIFE: none

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: BARBRA GREEN WAY
ADDRESS: 1004 LYDIA

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a): Cause of Death Unknown
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):
7955

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death: Brought to Gen. Hosp Choaking

19a. DATE OF OPERATION:
19b. MAJOR FINDINGS OF OPERATION: Post Refused
20. AUTOPSY? YES ☐ NO ☒

21a. ACCIDENT SUICIDE HOMICIDE (Specify): 2
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* 2, 19__, *to* _____, 19__, *that I last saw the deceased alive on* _____, 19__, *and that death occurred at* _____ *m., from the causes and on the date stated above.*

23a. SIGNATURE Hugh H. Owens (Degree or title): Hugh H. Owens Coroner
23b. ADDRESS: 1036 Ratto Bldg
23c. DATE SIGNED: 6-2-52

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: 6-3-52
24c. NAME OF CEMETERY OR CREMATORY: FOREST HILL CEM
24d. LOCATION (City, town, or county) (State): K.C. Mo.

DATE REC'D BY LOCAL REG.: 6-5-52
REGISTRAR'S SIGNATURE: Geraldine Holmes
25. FUNERAL DIRECTOR'S SIGNATURE: SEBBETO'S
ADDRESS: CITY

(Licensed Embalmer's Statement on Reverse Side)

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

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 Russell N. Fran

Licensed Embalmer No. 4 2 5 5

P. O. Address K. C. Me

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.