

FILED APR 23 1956

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

12393

State File No.

42

1000

427

BIRTH NO. _____ REG. DIST. NO. _____ PRIMARY REG. DIST. NO. _____ Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <i>Bushuan.</i>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Jackson.</i>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>St. Joseph.</i>		c. LENGTH OF STAY (in this place) <i>1 year 23 days.</i>	c. CITY OR TOWN <i>Kansas City</i>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>
d. FULL NAME OF HOSPITAL OR INSTITUTION <i>State Hospital No. 2.</i>			e. STREET ADDRESS (If rural, give location) <i>9137 Holmes. (Trailer)</i> 34181		
3. NAME OF DECEASED (Type or Print) a. (First) <i>W.</i>		b. (Middle) <i>CURTIS</i>	c. (Last) <i>GREEN.</i>	4. DATE OF DEATH (Month) (Day) (Year) <i>4-18-1956.</i>	
5. SEX <i>male</i>	6. COLOR OR RACE <i>white</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>unmarried.</i>	8. DATE OF BIRTH <i>11-11-1877.</i>	9. AGE (in years last birthday) <i>78</i>	IF UNDER 1 YEAR Months <i>5</i> Days <i>7</i>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Sec. S. W. Credit Service</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Retired Sec. S. W. B. S.</i>	11. BIRTHPLACE (City and State or Foreign Country) <i>Trafalgar, Indiana.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.A.</i>
13a. FATHER'S NAME <i>unknown.</i>		13b. MOTHER'S MAIDEN NAME <i>unknown.</i>		14. NAME OF HUSBAND OR WIFE <i>?</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <i>No.</i>		16. SOCIAL SECURITY NO. <i>Yes</i>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Esther Hughes - 9137 Holmes, St. H. C. Mo.</i>		
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, asphyxia, etc. It means the disease, injury, or complication which caused death.			MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Sarcoid with dementia.</i> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <i>arterio-sclerosis.</i> 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		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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. HOW DID INJURY OCCUR?
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		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 <i>2-25-</i> , 1955, to <i>4-18-</i> , 1956, that I last saw the deceased alive on <i>4-17-</i> , 1956, and that death occurred at <i>1:40 A.M.</i> , from the causes and on the date stated above.					
23a. SIGNATURE (Degree or title) <i>Forrest Thomas. M.D.</i>			23b. ADDRESS <i>State Hospital No. 2, St. Joseph, Mo.</i>		23c. DATE SIGNED <i>4-18-1956.</i>
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>	24b. DATE <i>Apr. 18, 1956</i>	24c. NAME OF CEMETERY OR CREMATORY <i>Freeman Mortuary</i>	24d. LOCATION (City, town, or county) (State) <i>Kansas City, Missouri.</i>		
DATE REC'D BY LOCAL REG. <i>Apr 19, 1956</i>		REGISTRAR'S SIGNATURE <i>Kathleen M. Allison</i>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Imeyerhoffer - Freeman, St. Joseph, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

1961 OCT 30 118

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 *Albert R. Harrington*

Licensed Embalmer No... 325

P. O. Address... St. Joseph

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. 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.