

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

23735
State File No.

FILED AUG 8 - 1956

3038
Registrar's No.

BIRTH NO. _____		REG. DIST. NO. <u>149</u>		PRIMARY REG. DIST. NO. <u>1002</u>		Registrar's No. <u>3038</u>	
1. PLACE OF DEATH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).			
a. COUNTY Jackson		a. STATE Missouri		b. COUNTY Jackson			
b. CITY (If outside corporate limits, write RURAL, and give OR TOWN Kansas City)		c. LENGTH OF STAY (in this place township) 25 years		c. CITY OR TOWN Kansas City		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 810 West 69 th St.				e. STREET ADDRESS (If rural, give location) 810 West 69 th St.			
3. NAME OF DECEASED (Type or Print)		a. (First) Dennis		b. (Middle) Orval		c. (Last) GREEN	
4. DATE OF DEATH		5. SEX Male		6. COLOR OR RACE White		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	
8. DATE OF BIRTH March 9, 1872		9. AGE (In years last birthday) 84		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farmer		11. BIRTHPLACE (City and State or Foreign Country) Howard County, Missouri	
12. CITIZEN OF WHAT COUNTRY? USA		13a. FATHER'S NAME Arron Green		13b. MOTHER'S MAIDEN NAME Magruder		14. NAME OF HUSBAND OR WIFE Leona Green	
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 Dr. E. N. Gentry			
18. CAUSE OF DEATH				18. MEDICAL CERTIFICATION			
Enter only one cause per line for (a), (b), and (c)		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary occlusion		INTERVAL BETWEEN ONSET AND DEATH			
*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.		ANTECEDENT CAUSES					
		DUE TO (b) Myocardial infarction					
		DUE TO (c)					
		II. OTHER SIGNIFICANT CONDITIONS					
		Conditions contributing to the death but not related to the disease or condition causing death. Smoking				4201	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION none		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. 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 <u>June 10, 1956</u> , to <u>July 12, 1956</u> , that I last saw the deceased alive on <u>July 12, 1956</u> , and that death occurred at <u>6 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE OF REGISTRAR E. N. Gentry M.D.				23b. ADDRESS 324 E 11th St		23c. DATE SIGNED 7/13/56	
24a. BURIAL, CREMATION, REMOVAL (Specify) Rem. & Burial		24b. DATE 7-13-56		24c. NAME OF CEMETERY OR CREMATORY Armstrong, Missouri		24d. LOCATION (City, town, or county) (State)	
DATE REC'D BY LOCAL REG. 7-13-56		REGISTRAR'S SIGNATURE Neva Marshall		25. FUNERAL DIRECTOR'S SIGNATURE Melody-McGilley-Eylar			
				ADDRESS K. C., Mo.			

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.....
Signature of Student Embalmer

Signed.....
Arthur Eugene Hoover

Licensed Embalmer No. *4912*

P. O. Address *K.C. 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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.
If this body is not embalmed, fact should be so stated above.