

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

31350

State File No.

FILED SEP 26 1956

BIRTH NO. _____ REG. DIST. NO. 195 PRIMARY REG. DIST. NO. 4308 Registrar's No. 86

1. PLACE OF DEATH a. COUNTY <u>Mc Donahd</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>KANSAS</u> b. COUNTY <u>RYAN POTTE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>NOEH</u>		c. CITY OR TOWN <u>KANSAS CITY KANSAS</u>	
c. LENGTH OF STAY (In this place) <u>24 hrs</u>		d. In 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 <u>McDonahd Osteo Clinic</u>		e. STREET ADDRESS (If rural, give location) <u>1029 CENTRAL</u> <u>8150 9</u>	

3. NAME OF DECEASED (Type or Print)	a. (First) <u>Weldon W.</u>	b. (Middle)	c. (Last) <u>GREEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>8-16-1956</u>
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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>6-22-1899</u>	9. AGE (In years last birthday) <u>57</u>	IF UNDER 1 YEAR Months <u>1</u> Days <u>18</u>	IF UNDER 24 HRS. Hours <u>18</u> Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>TRUCK DRIVER</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>INDUSTRY</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>BELTON MISSOURI</u>	12. CITIZEN OF WHAT COUNTRY? <u>AMERICA</u>
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13a. FATHER'S NAME <u>ERSON W GREEN</u>	13b. MOTHER'S MAIDEN NAME <u>GRIMES</u>	14. NAME OF HUSBAND OR WIFE <u>LENA M GREEN</u>
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>	16. SOCIAL SECURITY NO. <u>513-01-9181</u>	17. INFORMANT'S SIGNATURE OR NAME <u>LENA M GREEN</u> ADDRESS <u>1029 CENTRAL KCK</u>
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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		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Vascular Hemorrhage</u>		
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Vascular Accident</u> DUE TO (c) <u>arterio-sclerosis</u>		
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 <u>331X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Min.)	21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 19 to 8-16, 1956 that I last saw the deceased alive on 8-16, 1956 and that death occurred at 11:45 m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <u>Weldon F. Mills MD</u>	23b. ADDRESS <u>Noel, Mo.</u>	23c. DATE SIGNED <u>8-20-56</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>	24b. DATE <u>8-20-56</u>	24c. NAME OF CEMETERY OR CREMATORY <u>MOUNT HOBE CEM.</u>	24d. LOCATION (City, town, or county) (State) <u>KANSAS CITY KANSAS</u>
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DATE REC'D BY LOCAL REG. <u>9-10-56</u>	REGISTRAR'S SIGNATURE <u>Mayme Humphrey</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Paul R Wilson</u> ADDRESS <u>KCK</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

426

1937 2 3 1230

VS
OCT 25 1908

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 *J. M. Humphrey*.....

Licensed Embalmer No. 4708

P. O. Address *Neel M.*.....

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.