

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

58-039095

STATE FILE NUMBER

FILED NOV 24 1958 Registration District No. 46 Primary Registration District No. 4065 Registrar's No. 70

1. PLACE OF DEATH a. COUNTY <i>Caldwell</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <i>Mo</i> b. COUNTY <i>Caldwell</i>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <i>Polo</i>		c. CITY OR TOWN <i>Polo</i>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <i>—</i>		Length of stay in lb 0130 STREET ADDRESS (If outside, give location) <i>—</i>	
3. NAME OF DECEASED (Type or print) First <i>John S.</i> Middle <i>—</i> Last <i>Green</i>		4. DATE OF DEATH Month <i>Nov.</i> Day <i>13</i> Year <i>1958</i>	
5. SEX <i>M.</i>	6. COLOR OR RACE <i>Wh</i>	7. MARRIED <input type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> 3 DIVORCED <input checked="" type="checkbox"/>	8. DATE OF BIRTH <i>Oct. 6. 1890</i>
9. AGE (In years last birthday) <i>68</i>		IF UNDER 1 YEAR Months <i>1</i> Days <i>7</i> Hours <i>—</i> Min. <i>—</i>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life. If retired) <i>Retired Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>—</i>	
11. BIRTHPLACE (City and state or country) <i>Kansas City Kans.</i>		12. CITIZEN OF WHAT COUNTRY? <i>—</i>	
13a. FATHER'S NAME <i>Robert Green</i>		13b. MOTHER'S MAIDEN NAME <i>Martha Gaston</i>	
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) (If yes, give nature or dates of service) <i>no</i>		16. SOCIAL SECURITY NO. <i>—</i>	
17. INFORMANT <i>Mrs Helen Brookshire</i>		Address <i>Polo Mo</i>	
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <i>Congestive heart failure</i>			INTERVAL BETWEEN ONSET AND DEATH <i>two weeks</i>
Conditions, if any, which gave rise to above cause (a), stating the underlying cause lost. DUE TO (b) <i>Chronic pulmonary fibrosis with emphysema.</i>			35 years
DUE TO (c) <i>Influenza with pneumonia (1920)</i>			
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <i>—</i> Month, Day, Year <i>—</i>			
20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	
20f. CITY, TOWN, OR LOCATION		COUNTY STATE	
21. I attended the deceased from <i>8/20/56</i> to <i>11/13/58</i> and last saw ^{her} alive on <i>Nov. 12, 1958</i> Death occurred at _____ m on the date stated above; and to the best of my knowledge, from the causes stated.			
22a. SIGNATURE <i>Howard Carter M.D.</i>		22b. ADDRESS <i>Hamioton, Mo.</i>	
22c. DATE SIGNED <i>100.14.1958</i>			
23a. BURIAL, CREMATION, REMOVAL (Specify) <i>Removal</i>		23b. DATE <i>10-14-1958</i>	
23c. NAME OF CEMETERY OR CREMATORY <i>Maple Hill Cemetery</i>		23d. LOCATION (City, town, or county) (State) <i>Kansas City Kans.</i>	
24. FUNERAL DIRECTOR <i>Abspang & Cowley</i>		25. DATE RECD. BY LOCAL REG. <i>Polo Mo. 11-15-58</i>	
26. REGISTRAR'S SIGNATURE <i>Gladys Jones</i>			

USE ONLY BLACK INK OR RIBBON TYPEWRITE IF POSSIBLE

MEDICAL CERTIFICATION

All diseases in Part I must be causally related.

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 John W. Pitts, Student Embalmer No. 564 working under my personal supervision.

Student John W. Pitts
Signature of Student Embalmer

Signed Erwin P. Rowland

Licensed Embalmer No. 4924
P. O. Address Polo, 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.