

MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-006584

STATE FILE NUMBER

DO NOT WRITE
ON THIS STUD

AMENDED

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 736

FILED FEB 18 1963

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

1. PLACE OF DEATH a. COUNTY Jackson		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Mo. b. COUNTY Cass	
b. CITY (if outside corporate limits, give TOWNSHIP only) OR TOWN Kansas City		Length of stay in 1b 3 Hours	c. CITY OR TOWN Belton
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION Baptist Memorial Hosp.		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (if outside, give location) 115 Red Bud Lane
Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>			

3. NAME OF DECEASED (Type or print) First Infant Middle Boy Last Greenlee			4. DATE OF DEATH Month Feb. Day 2 Year 1963		
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5. SEX Male	6. COLOR OR RACE White	7. Married <input type="checkbox"/> Never Married <input checked="" type="checkbox"/>	8. DATE OF BIRTH 2-2-1964	9. AGE (last birthday)	IF UNDER 1 YEAR Months 3 Days 5	IF UNDER 24 HR Hours 3 Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child	10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and state or country) Kansas City, Missouri	12. CITIZEN OF WHAT COUNTRY USA
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13a. FATHER'S NAME Ralph E. Greenlee	13b. MOTHER'S MAIDEN NAME Mary Kathryn Klumpp	14. NAME OF HUSBAND OR WIFE
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of) No	16. SOCIAL SECURITY NO.	17. INFORMANT Address Ralph E. Greenlee, 115 Red Bud Lane Belton, Mo
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18. CAUSE OF DEATH (Enter only one cause per PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Cong heart failure, Resp. failure		INTERVAL BETWEEN ONSET AND DEATH 2 1/2 hrs 3 hours
DUE TO (b) Etology to be determined		
DUE TO (c)		

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)		PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown	
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19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input 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.)	
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20c. TIME OF INJURY Hour 11 a.m. / p.m.	Month, Day, Year 2/2/63	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
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20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION Rich Hill, Mo.	COUNTY	STATE
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21. I attended the deceased from **2/2/63** to **2/2/63** and last saw ^{him} ~~her~~ alive on **2/2/63**
Death occurred at **11 a.m. 2/2/63** m on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE N. K. Mitra M.D.	22b. ADDRESS HICKMAN MILLS. Med. Clinic	22c. DATE SIGNED 2/3/63
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23a. BURIAL, CREMATION, REMOVAL (Specify) Removal	23b. DATE 2-3-1963	23c. NAME OF CEMETERY OR CREMATORY Greenlawn	23d. LOCATION (City, town, or county) (State) Rich Hill, Mo.
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24. FUNERAL DIRECTOR Stine & McClure, Kansas City, Mo.	25. DATE RECD. BY LOCAL REG. 2-4-63	26. REGISTRAR'S SIGNATURE <i>Ruth Long</i>
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USE BLACK INK
OR
TYPEWRITER RIBBON

