

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

=63-020098

STATE FILE NUMBER

Registration District No. 149 Primary Registration District No. 1002 Registrar's No. 2875

FILED JUN 3 1963

DO NOT WRITE ON THIS STUB

AMENDED

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Rev. 4/59

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DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

1. PLACE OF DEATH a. COUNTY <b>Jackson</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY <b>Jackson</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Kansas City</b>		Length of stay in 1b <b>20 yr.</b>	c. CITY OR TOWN <b>Kansas City</b>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>D.O.A. St. Joseph's Hospital</b>		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	d. STREET ADDRESS (If outside, give location) <b>3213 Lexington</b>
3. NAME OF DECEASED (Type or print) <b>William Greer</b>		First Middle Last <b>M. Greer</b>	4. DATE OF DEATH Month <b>May</b> Day <b>19</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>1-13-1905</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Inspector Navy</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>U.S. NAVY</b>	9. AGE (last birthday) <b>58</b>
13a. FATHER'S NAME <b>Wm. Greer</b>		13b. MOTHER'S MAIDEN NAME <b>Sadie McQuitty</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.A.</b>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>		16. SOCIAL SECURITY NO. <b>[REDACTED]</b>	14. NAME OF HUSBAND OR WIFE <b>Sue Greer</b>
17. INFORMANT <b>Sue Gray Greer, 3213 Lexington</b>		Address	
18. CAUSE OF DEATH (Enter only one cause per line) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Shock</b> DUE TO (b) <b>Contusion chest with Fr</b> DUE TO (c) <b>Fr to rib left &amp; trauma fever</b> PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) <b>Old Murmur &amp; thrombosis of heart</b> 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			INTERVAL BETWEEN ONSET AND DEATH
19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	20a. ACCIDENT <input checked="" 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.) <b>Two Car Collision</b>	
20c. TIME OF INJURY Hour a.m. p.m. <b>5-1963</b>		20d. PLACE OF INJURY (e.g., in or about home, factory, street, office bldg., etc.) <b>Street</b>	
20e. CITY, TOWN, OR LOCATION <b>Kansas City</b>		COUNTY <b>Jackson</b> STATE <b>Mo</b>	
21. I attended the deceased from _____ to _____ and last saw him/her alive on _____ Death occurred at _____ m on the date stated above, and to the best of my knowledge, from the causes stated.			
21a. SIGNATURE <b>Hugh H. Owens</b>		21b. ADDRESS <b>152 Main Station</b>	
21c. DATE <b>May 20, 1963</b>		21d. NAME OF CEMETERY OR CREMATORY <b>St. Mary's Cemetery</b>	
21e. LOCATION (City, town, or county) <b>Kansas City, Missouri</b>		21f. DATE SIGNED <b>5-20-63</b>	
22. FUNERAL DIRECTOR <b>Mellody-McGilley-Eylar Funeral Home</b>		22a. REGISTERAR'S SIGNATURE <b>[Signature]</b>	
22b. ADDRESS <b>1800 East Linwood, Kansas City, Mo.</b>		22c. DATE RECD. BY LOCAL REG. <b>5-20-63</b>	

USE BLACK INK OR TYPEWRITER RIBBON

(Licensed Embalmer's Statement on Reverse Side)

JUN 2 1963

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**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

*James B. Hackleman*

Licensed Embalmer No. 4573

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.