

MISSOURI STATE BOARD OF HEALTH
STANDARD CERTIFICATE OF DEATH

State File No. _____

PR 23 1940

Registration District No. 735Primary Registration District No. 3034Registrar's No. 63

1. PLACE OF DEATH:

- (a) County Randolph
 (b) City or town Moberly
 (If outside city or town limits, write "RURAL" and name of township)
 (c) Name of hospital or institution:
508 Monroe
 (If not in hospital or institution, write street number or location) 2
 (d) Length of stay: In hospital or institution _____
 (Specify whether _____)

In this community _____
 years, months or days)8. (a) PRINT FULL NAME Olex W. Green 650

8. (b) If veteran, name war _____ 8. (c) Social Security No. _____

4. Sex Male 5. Color or race White 6. (a) Single, widowed, married, divorced Married6. (b) Name of husband or wife Dora Lee Green 6. (c) Age of husband or wife if alive 1 years7. Birth date of deceased Sept 15th 1873
 (Month) (Day) (Year)8. AGE: Years Months Days If less than one day
66 6 6 _____ hr. _____ min.9. Birthplace _____ (City, town, or county) (State or foreign country) Mo O10. Usual occupation Carpenter

11. Industry or business _____

12. Name John W. Green13. Birthplace _____ (City, town, or county) (State or foreign country) Mo O14. Maiden name Unknown15. Birthplace _____ (City, town, or county) (State or foreign country) Mo O16. (a) Informant's own signature Mrs. O.W. Green(b) Address Moberly Mo17. (a) Burial (b) Date thereof Mar 23rd 1940
 (Burial, cremation, or removal) (Month) (Day) (Year)(c) Place: burial or cremation Moberly18. (a) Signature of funeral director Mahon and Son(b) Address Moberly Mo19. (a) Mar. 23 1940 (b) Paul Halliday
 (Date received local registrar) (Registrar's signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Missouri (b) County Randolph
 (c) City or town Moberly
 (If outside city or town limits, write "RURAL")
 (d) Street No. 508 Monroe
 (If rural, give location)
 (e) If foreign born, how long in U. S. A.? _____ years.

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month March day 21st
 year 1940 hour 9 minute — P. M.21. I hereby certify that I attended the deceased from
July 4, 1935 to March 21, 1940
 that I last saw him alive on March 21, 1940
 and that death occurred on the date and hour stated above.Immediate cause of death _____ Duration
Epilepsy, seizure 4 hrs
Arteriosclerosis 4 yrs
 Due to Hypertension
 Due to Endocarditis 4 yrsOther conditions _____
 (Include pregnancy within 3 months of death) NoneMajor findings: _____
 Of operations _____

Of autopsy _____

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) _____
 (b) Date of occurrence _____
 (c) Where did injury occur? _____ (City or town) (County) (State)
 (d) Did injury occur in or about home, on farm, in industrial place, in public place?
While at work (Specify type of place) _____
By (Specify means of injury) _____

23. Signature Bert S. Gally (M. D. or other) _____
 Address 2017 Red Bank Date signed 3-22-40

PHYSICIAN

Underline the cause to which death should be charged statistically.

RECEIVED

District Health Officer No. 10

District File Number 4-40-888

Date Filed APR 16 1940

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.....

....., Registered Apprentice No.....

working under my personal supervision.

Signed Frank B D Witt

Licensed Embalmer No. 3021

P. O. Address Proberly 9

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 this body is not embalmed, above space should be left blank.