

FILED JAN 6 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42171

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

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3094 Registrar's No. 58

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give township) Sikeston,		c. CITY (If outside corporate limits, write RURAL and give township) Sikeston,	
c. LENGTH OF STAY (in this place) 20 yrs		d. STREET ADDRESS (If rural, give location) 314 N. Dixie Street	
d. FULL NAME OF HOSPITAL OR INSTITUTION Home - 314 N. Dixie St		e. STREET ADDRESS (If rural, give location) 314 N. Dixie Street	
3. NAME OF DECEASED a. (First) George b. (Middle) Green c. (Last) Green		4. DATE OF DEATH (Month) (Day) (Year) December 27, 1948	
5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH June 6, 1892
9. AGE (In years last birthday) 56		IF UNDER 1 YEAR Months 6 Days 21	IF UNDER 12 HRS. Hours — Min. —
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer		10b. KIND OF BUSINESS OR INDUSTRY Labor	11. BIRTHPLACE (State or foreign country) Mississippi
12. CITIZEN OF WHAT COUNTRY? U.S.		13a. FATHER'S NAME John Green	
13b. MOTHER'S MAIDEN NAME Georgina Green		14. NAME OF HUSBAND OR WIFE Estella Green	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. _____	
17. INFORMANT'S SIGNATURE OR NAME Estella Green		ADDRESS 314 N. Dixie	
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, ashenia, etc. It means the disease, injury, or complication which caused death. a3D		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Septemic thrombosis H. D. i ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Acute coronary thrombosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. None	
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		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) _____	
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? _____			
22. I hereby certify that I attended the deceased from April 1948 , to Dec 27, 1948 , that I last saw the deceased alive on Dec 25, 1948 and that death occurred at 8:10 P.M. , from the causes and on the date stated above.			
23a. SIGNATURE John P. Sample M.D.		23b. ADDRESS 212 Maud St Sikeston Mo	
23c. DATE SIGNED 1/1/49		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE Jan. 2 1949		24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetary	
24d. LOCATION (City, town, or county) (State) Sikeston Mo.		25. FUNERAL DIRECTOR'S SIGNATURE Fred J Smith	
DATE REC'D BY LOCAL REG. 1-2-1949		REGISTRAR'S SIGNATURE Mrs. T. F. Henry	
25. FUNERAL DIRECTOR'S SIGNATURE Fred J Smith		ADDRESS 1212 Maud St. Sikeston, Mo	

RECEIVED

District Health Office No. 2,

District File Number 149-18

Date Filed 1-4-49

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.

Signed Fred J. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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 this body, is not embalmed, fact should be so stated above.