

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 3678

BIRTH NO. _____		REG. DIST. NO. 324		PRIMARY REG. DIST. NO. 4070		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Saline</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Saline</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arrow Rock, Mo.</u>				c. LENGTH OF STAY (In this place) <u>1 yr 4 mo</u>			
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Arrow Rock</u>				d. STREET ADDRESS (If rural, give location) <u>9</u>			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>—</u>							
3. NAME OF DECEASED (Type or Print)		a. (First) <u>DAVID</u>		b. (Middle) <u>LELAND</u>		c. (Last) <u>GREEN</u>	
5. SEX <u>m</u>		6. COLOR OR RACE <u>w</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>married</u>		8. DATE OF BIRTH <u>APR. 28 - 1874</u>	
9. AGE (In years last birthday) <u>74</u>		10. MONTHS <u>8</u>		11. DAYS <u>4</u>		12. HOURS <u>—</u> MIN. <u>—</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY <u>—</u>			
11. BIRTHPLACE (State or foreign country) <u>Mo. ()</u>				12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>			
13a. FATHER'S NAME <u>Leland Green</u>		13b. MOTHER'S MAIDEN NAME <u>Nancy Rumans</u>		14. NAME OF HUSBAND OR WIFE <u>Kate Bomboy Green</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>unknown</u>		16. SOCIAL SECURITY NO. <u>—</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Kate Bomboy Green</u> ADDRESS <u>Arrow Rock Mo.</u>			
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Gun shot wound in left temple. 32 Caliber pistol</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Depression, brooding</u> DUE TO (c) <u>over his conditions</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>very minor</u>				INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION <u>✓</u>		19b. MAJOR FINDINGS OF OPERATION <u>✓</u>				20. AUTOPSY? YES ☐ NO ☒	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Suicide</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Home</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Arrow Rock Saline Mo.</u>			
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>1 - 2 - 1949 11:30 P</u>		21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☒		21f. HOW DID INJURY OCCUR? <u>Self inflicted</u>			
22. I hereby certify that I attended the deceased from <u>Arrow Rock, Mo.</u> <u>Jan. 2, 1949</u> , that I last saw the deceased alive on <u>—</u> , 19 <u>—</u> , and that death occurred at <u>12:30 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>P. L. Lawler, Coroner Saline Co.</u>		23b. ADDRESS <u>Marshall Mo.</u>		23c. DATE SIGNED <u>1-2-49</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>1-5-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Arrow Rock Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Arrow Rock Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan 3 - 1949</u>		REGISTRAR'S SIGNATURE <u>Edw. J. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Harry Hershberger</u>		ADDRESS <u>Marshall Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. 8,

District File Number _____

Date Filed 1-26-49

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 _____

Joseph R. Mackler

Signed _____

Student Embalmer

Licensed Embalmer No. 4571

P. O. Address

Marshall, 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.