

FILED MAR 26 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 8020

33

BIRTH NO. _____		REG. DIST. NO. 120		PRIMARY REG. DIST. NO. 4196		Registrar's No. _____		
1. PLACE OF DEATH a. COUNTY <i>Gentry</i>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission.) a. STATE <i>Missouri</i> b. COUNTY <i>Gentry</i>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Darlington</i>		c. LENGTH OF STAY (in this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <i>Darlington</i>		d. STREET ADDRESS (If rural, give location)		
d. FULL NAME OF HOSPITAL OR INSTITUTION				d. STREET ADDRESS (If rural, give location)				
3. NAME OF DECEASED (Type or Print) a. (First) <i>Floyd</i> b. (Middle) <i>Walno</i> c. (Last) <i>Green</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>March 7 1949</i>					
5. SEX <i>male</i>		6. COLOR OR RACE <i>white</i>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>married</i>		8. DATE OF BIRTH <i>May 23, 1896</i>		
9. AGE (In years last birthday) <i>52</i>		10. MONTHS <i>9</i>		11. DAYS <i>13</i>		12. HOURS <i>13</i>		
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>farming</i>			10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) <i>Gentry Co. Mo.</i>		12. CITIZEN OF WHAT COUNTRY? <i>U.S.</i>	
13a. FATHER'S NAME <i>Minor Green</i>			13b. MOTHER'S MAIDEN NAME <i>Emma Gates</i>		14. NAME OF HUSBAND OR WIFE <i>Altha Fay Consaliver</i>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown)		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <i>Mrs. Floyd Green - Darlington Mo.</i>				
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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Gun shot wound in head</i> ANTECEDENT CAUSES DUE TO (b) <i>suicide - mind deranged</i> <i>Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.</i> DUE TO (c) <i>E. 976</i> II. OTHER SIGNIFICANT CONDITIONS <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>					INTERVAL BETWEEN ONSET AND DEATH	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE <i>Suicide</i> (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <i>home</i>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <i>Darlington Gentry Mo</i>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <i>3 7 1949 7:30 a.</i>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>		21f. HOW DID INJURY OCCUR? <i>Suicide</i>				
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <i>W. Williamson Sr. Coroner, Gentry Co.</i>				23b. ADDRESS <i>Gentry Mo</i>		23c. DATE SIGNED <i>3-10-49</i>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>Burial</i>		24b. DATE <i>Mar. 9-1949</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Rouse Cemetery</i>		24d. LOCATION (City, town, or county) (State) <i>Darlington Mo</i>		
DATE REC'D BY LOCAL REG. <i>March 17-1949</i>		REGISTRAR'S SIGNATURE <i>James 2224 Bates</i> 103		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>Clifford Brock Albany Mo</i>				

(Licensed Embalmer's Statement of Reverse Side)

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

S. No. 300

V. 10.48

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NOV 16 1949

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 me

Student Embalmer No.

working under my personal supervision.

Student
Student Embalmer

Signed Charles Brooks

Licensed Embalmer No. 3329

P. O. Address Albany 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.