

FILED APR 11 1949

STANDARD CERTIFICATE OF DEATH

State File No. 8199

BIRTH NO. _____ REG. DIST. NO. 140 PRIMARY REG. DIST. NO. 3024 Registrar's No. 15

1. PLACE OF DEATH a. COUNTY HOWARD		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY HOWARD	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN FAYETTE (1)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN ARMSTRONG	
c. LENGTH OF STAY (in this place) 3 DAYS			
d. FULL NAME OF HOSPITAL OR INSTITUTION LEE HOSPITAL		d. STREET ADDRESS (If rural, give location) CITY	

3. NAME OF DECEASED (Type or Print) a. (First) JAMES b. (Middle) ALBERT c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) MAR. 8 1949			
5. SEX MALE	6. COLOR OR RACE WHITE	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED	8. DATE OF BIRTH Nov. 17, 1866	9. AGE (In years last birthday) 82	IF UNDER 1 YEAR Months Days	IF UNDER 2 WKS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) BARBER		10b. KIND OF BUSINESS OR INDUSTRY BARBER SHOP		11. BIRTHPLACE (State or foreign country) ARMSTRONG MO.		12. CITIZEN OF WHAT COUNTRY? U.S.A.

13a. FATHER'S NAME James Noel Green		13b. MOTHER'S MAIDEN NAME Clara Giles		14. NAME OF HUSBAND OR WIFE ELIZABETH BEACH	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or date of service) No		16. SOCIAL SECURITY NO. NONE		17. INFORMANT'S SIGNATURE OR NAME William Green Glasgow Mo.	

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) Coronary Thrombosis		INTERVAL BETWEEN ONSET AND DEATH 72 hours
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary artery sclerosis		30 years
		DUE TO (c)		
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 470		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) (m.)		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 **Sept**, 1947, to **March 8**, 1949, that I last saw the deceased alive on **March 8, 1949**, and that death occurred at **11:45 P.M.**, from the causes and on the date stated above.

23a. SIGNATURE Francis D. Dean (Degree or title)		23b. ADDRESS M. D. U. Hospital Fayette, Mo.		23c. DATE SIGNED 3-12-1949	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Mar. 10, 1949		24c. NAME OF CEMETERY OR CREMATORY ARMSTRONG	
24d. LOCATION (City, town, or county) (State) EAST OF ARMSTRONG MO.		25. FUNERAL DIRECTOR'S SIGNATURE John O. Cuddeley		ADDRESS Frimouth Glasgow	
DATE REC'D BY LOCAL REG. 3-12-1949		REGISTRAR'S SIGNATURE Dorothy Fern		1404	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300

10-48

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RECEIVED

District Health Officer

District File Number

Date Filed 4-8-49

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.

Student
Student Embalmer

Signed Edw. Freeman

Licensed Embalmer No. 3978

P. O. Address Glasgow, 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.