

FILED APR 29 1949

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 13085

BIRTH NO. <u>124</u>		REG. DIST. NO. <u>206</u>		PRIMARY REG. DIST. NO. <u>2042</u>		Registrar's No. <u>28</u>		
1. PLACE OF DEATH a. COUNTY <u>MADISON</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>MADISON</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>		c. LENGTH OF STAY (in this place) <u>8yrs</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>FREDERICKTOWN</u>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>316 SCHULTE LANE</u>				d. STREET ADDRESS (If rural, give location) <u>316 SCHULTE LANE</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>AMANDA</u> b. (Middle) <u>REBECCA</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>APRIL 17, 1949</u>					
5. SEX <u>FEMALE</u>		6. COLOR OR RACE <u>WHITE</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>		8. DATE OF BIRTH <u>JULY 9, 1869</u>		
9. AGE (In years last birthday) <u>79</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HOUSEWIFE</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>NONE</u>		11. BIRTHPLACE (State or foreign country) <u>BOLLINGER County, Mo.</u>		
12. CITIZEN OF WHAT COUNTRY? <u>U.S.</u>		13a. FATHER'S NAME <u>BENTON NEWELL</u>		13b. MOTHER'S MAIDEN NAME <u>JULIE SHIRLEY</u>		14. NAME OF HUSBAND OR WIFE <u>John Franklin GREEN</u>		
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>M.A. STANFILL, FREDERICKTOWN, 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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coroner's jury verdict: death due to suffocation by fire started by antecedent causes</u> DUE TO (b) <u>a undetermined origin</u> DUE TO (c) <u>Suffocation</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>8:01/10</u> <u>16</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <input checked="" type="checkbox"/>					20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>accident</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>Fredericktown Madison Mo.</u>				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>4-17-49 8 p.m.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>From Fire</u>				
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 <u>8 P. m.</u> , from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Sam Dain, Jr. Coroner Madison Co. Mo.</u>				23b. ADDRESS <u>Fredericktown, Mo.</u>		23c. DATE SIGNED <u>4-18-49</u>		
24a. BURIAL CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>4-19-49</u>		24c. NAME OF CEMETERY OR CREMATORY <u>MINE LAMOTTE</u>		24d. LOCATION (City, town, or county) (State) <u>MINE LAMOTTE, MO.</u>		
DATE REC'D BY LOCAL REG. <u>4-19-1949</u>		REGISTRAR'S SIGNATURE <u>Florence Pickel 189</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Sam Dain, Jr.</u>		ADDRESS <u>Fredericktown, Mo.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

Health Officer No. 4  
File Number 449-51  
Date Filed 4-28-4

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 Sam Sajin, Jr.

Licensed Embalmer No. 4299

P. O. Address Fredericktown, Md.

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.