

5. No. 300
10. 48

46

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

15692

State File No. _____

FILED MAY 27 1949

BIRTH NO. _____ REG. DIST. NO. 143 PRIMARY REG. DIST. NO. 5560 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>HOWELL</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO.</u> b. COUNTY <u>Howell</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs TWP</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Willow Springs Twp</u>	
c. LENGTH OF STAY (in this place) <u>60 YRS</u>		4b. <u>46</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Thomas Wesley Green</u>		d. STREET ADDRESS (If rural give location) <u>Fern Ridge Community</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>THOMAS</u> b. (Middle) <u>WESLEY</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4-25-49</u>		
5. SEX <u>MO W</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>WIDOWED</u>	
8. DATE OF BIRTH <u>SEPT. 23 1872</u>		9. AGE (In years last birthday) <u>76</u>		IF UNDER 1 YEAR Months <u>7</u> Days <u>2</u> IF UNDER 24 HRS. Hours <u>2</u> Min.	
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		11. BIRTHPLACE (State or foreign country) <u>DOUGLAS COUNTY, MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>PHILLIP GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>DON'T KNOW</u>	
14. NAME OF HUSBAND OR WIFE <u>OLA ADKINS 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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Alberta Lawtrip</u>		ADDRESS			

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION				INTERVAL BETWEEN ONSET AND DEATH	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>ANGINA PECTORIS</u>		ANTECEDENT CAUSES					
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____					
		DUE TO (c) _____					
II. OTHER SIGNIFICANT CONDITIONS		Conditions contributing to the death but not related to the disease or condition causing death.				<u>4202</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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 _____, 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) <u>Edwin Smith, M.D.</u>		23b. ADDRESS <u>Coroner, Howell Co West Plains, Mo.</u>		23c. DATE SIGNED <u>4/25/49</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE		24c. NAME OF CEMETERY OR CREMATORY <u>PINE GROVE</u>	
24d. LOCATION (City, town, or county) (State) <u>Willow Springs Twp., Mo</u>		DATE REC'D BY LOCAL REG. <u>May 28 1949</u>		REGISTRAR'S SIGNATURE <u>Marshall Ballard</u> 387	
25. FUNERAL DIRECTOR'S SIGNATURE <u>J.C. Burns</u>		ADDRESS <u>Willow Springs, Mo.</u>			

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

(Licensed Embalmer's Statement on Reverse Side)

MAY 31 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 _____

Student Embalmer No. _____

working under my personal supervision.

Signed Fred W. Barnes

Signed _____
Student Embalmer

Licensed Embalmer No. 4614

P. O. Address Willow Springs, 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.