

**THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH**

State File No. **27228**

No. 300
10-48

FILED SEP 15 1949

BIRTH NO. _____ REG. DIST. NO. **155** PRIMARY REG. DIST. NO. **557** Registrar's No. **152**

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

1. PLACE OF DEATH a. COUNTY Jasper b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN Alba c. LENGTH OF STAY (in this place) 2 yrs d. FULL NAME OF HOSPITAL OR INSTITUTION RURAL-MINERAL TWP		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Jasper c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Alba d. STREET ADDRESS (If rural, give location) RURAL-MINERAL TWP	
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3. NAME OF DECEASED (Type or Print) ELVA MIRIAM GREEN a. (First) ELVA b. (Middle) MIRIAM c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) Sept 9, 1949		
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5. SEX female	6. COLOR OR RACE white	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) widowed	8. DATE OF BIRTH March 27, 1870	9. AGE (In years last birthday) 79	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) retired housewife	10b. KIND OF BUSINESS OR INDUSTRY at home	11. BIRTHPLACE (State or foreign country) Fulton County, Ohio	12. CITIZENSHIP OF WHAT COUNTRY? USA
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13a. FATHER'S NAME Calvin Coss	13b. MOTHER'S MAIDEN NAME Weltha M. Field	14. NAME OF HUSBAND OR WIFE Willis J. Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no	16. SOCIAL SECURITY NO. none	17. INFORMANT'S SIGNATURE OR NAME ADDRESS Mrs. Ruth Dale, Alba, Mo.
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18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Myocardial Infarction ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Coronary Sclerosis DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		INTERVAL BETWEEN ONSET AND DEATH 4 days
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19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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)
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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?
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22. I hereby certify that I attended the deceased from 9-6, 1949, to 9-9, 1949, that I last saw the deceased alive on 9-8-49, 19, and that death occurred at 2:15a m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John B. ...</i>	23b. ADDRESS Well City, Mo	23c. DATE SIGNED 9-9-49
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24a. BURIAL, CREMATION, REMOVAL (Specify) burial	24b. DATE Sept 11, 1949	24c. NAME OF CEMETERY OR CREMATORY Nashville Cemetery	24d. LOCATION (City, town, or county) (State) Jasper County, Mo.
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DATE REC'D BY LOCAL REG. SEPT 9; 1949	REGISTRAR'S SIGNATURE <i>R. ...</i>	25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Knell Mortuary Carthage, Mo.
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(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 9-12-49

Jasper County Health Office

County File Number 49-8-695

Date Filed 9-13-49

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 *Emmal Stacey*

Signed.....
Student Embalmer

Licensed Embalmer No. 391

P. O. Address Carthage

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.