

MO. 300
0.48

FILED NOV 4 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **34665**

BIRTH NO. _____ REG. DIST. NO. **274** PRIMARY REG. DIST. NO. **5936** Registrar's No. **356**

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

1. PLACE OF DEATH a. COUNTY Pettis		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri COUNTY Pettis	
b. CITY (If outside corporate limits, write RURAL and give township) Rural Smithton		c. CITY (If outside corporate limits, write RURAL and give township) Rural Smithton	
c. LENGTH OF STAY (in this place) 47 yrs		d. STREET ADDRESS (If rural, give location) 3 miles S.W. of Smithton	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) LAURA b. (Middle) ESTER c. (Last) GREEN		4. DATE OF DEATH (Month) (Day) (Year) Oct 25 1949	
5. SEX F	6. COLOR OR RACE W	7. MARRIAGE STATUS MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH July 7-1876
9. AGE (to year last birthday) Months Days Hours Min. 73 3 19		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housewife	
10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) Pettis Co Missouri	
12. CITIZEN OF WHAT COUNTRY? U.S.			

13a. FATHER'S NAME Charles A Berthoff		13b. MOTHER'S MAIDEN NAME Marina Hoffman		14. NAME OF HUSBAND OR WIFE M. O. Green, Sr	
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 Walter Berthoff Smithton 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, asthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CORONARY EMBOLISM		INTERVAL BETWEEN ONSET AND DEATH	
ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) ARTERIOSCLEROSIS, ADVANCED			
DUE TO (c)		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		1/2-22	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		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)		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 **viewed** the deceased **as coroner**, **in** **Missouri**, that I last saw the deceased **alive on** **10**, and that death occurred at **12:30 A.M.**, from the causes and on the date stated above.

23a. SIGNATURE Chas Gordon Stauffer, M.D.		23b. ADDRESS Corner of Pettis Co, Mo		23c. DATE SIGNED 10-27-49	
---	--	--	--	-------------------------------------	--

24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE Oct 27-49		24c. NAME OF CEMETERY OR CREMATORY Smithton	
24d. LOCATION (City, town, or county) (State) Smithton MO					

DATE REC'D BY LOCAL REG. 10/27/49		REGISTRAR'S SIGNATURE Betty Yeager Deputy		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS A. F. Neumeyer Smithton MO	
---	--	---	--	---	--

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED OCT 31
District Health Officer No. 6,

District File Number _____

Date Filed 11-3-49

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 A.F. Remeyer

Licensed Embalmer No. 3912

P. O. Address Smithton 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.