

FILED OCT 18 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 34752

Registrar's No. 227

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

BIRTH NO. _____		REG. DIST. NO. 294		PRIMARY REG. DIST. NO. 3056		State File No. 34752		Registrar's No. 227					
1. PLACE OF DEATH a. COUNTY RANDOLPH				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY RANDOLPH									
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY				c. LENGTH OF STAY (In this place) 5 yrs.		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN MOBERLY							
d. FULL NAME OF HOSPITAL OR INSTITUTION /				d. STREET ADDRESS (If rural, give location) 609, HAGOOD St. 3									
3. NAME OF DECEASED a. (First) EMMA			b. (Middle)			c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) Oct - 11 - 1949				
5. SEX FEMALE		6. COLOR OR RACE BLACK		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) WIDOWED		8. DATE OF BIRTH April - 1st - 1878		9. AGE (In years last birthday) 71		10. MONTHS 6 DAYS 10 HOURS 10 MIN.			
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) HOUSE WORK				10b. KIND OF BUSINESS OR INDUSTRY		11. BIRTHPLACE (State or foreign country) MISSOURI			12. CITIZEN OF WHAT COUNTRY? MO.				
13a. FATHER'S NAME GEORGE WOODS.				13b. MOTHER'S MAIDEN NAME MARIAN RUSSELL				14. NAME OF HUSBAND OR WIFE QUINNIE GREEN					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) /				16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME Louisa Wilson ADDRESS 609 Hagood							
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.</i>				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Fracture right hip (b) (Fell xxxxx onto floor at her home) ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Myocarditis and arterial hypertension <i>Conditions contributing to the death but not related to the disease or condition causing death.</i>								INTERVAL BETWEEN ONSET AND DEATH 9/22/49 E9030 20 several Mos.	
19a. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION Cast applied at Woodland Hosp. Sept. 24/49						20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>			
21a. ACCIDENT SUICIDE HOMICIDE (Specify) yes.		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) home.		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) Moberly, Randolph Missouri.									
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) Sept. 22, 1949 m.				21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? Fell onto floor at her home during night.							
22. I hereby certify that I attended the deceased from Sept. 22, 1949 , to Oct. 11, 1949 , that I last saw the deceased alive on Oct. 11, 1949 , and that death occurred at 12:20p m. , from the causes and on the date stated above.													
23a. SIGNATURE (Degree, title) Dr. L. E. Huber, M.D.						23b. ADDRESS 400 1/2 W. Reed St. Moberly, Mo.			23c. DATE SIGNED 10/17/49				
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE Oct. 14-49		24c. NAME OF CEMETERY OR CREMATORY Oakland Cemetery		24d. LOCATION (City, town, or county) (State) _____							
DATE REC'D BY LOCAL REG. 10-13-49		REGISTRAR'S SIGNATURE Louisa Wilson				25. FUNERAL DIRECTOR'S SIGNATURE Robert L. Carr		ADDRESS 305 Bedford					

RECEIVED OCT 17 1949

District Health Officer No.

District File Number 10-49-1

Date Filed OCT 17 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 Robert L. Carr

Licensed Embalmer No. 3170

Signed.....
Student Embalmer

P. O. Address Moberly, 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.