

FILED DEC 13 1949

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

37687

State File No.

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 513

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| 1. PLACE OF DEATH a. COUNTY <u>Jasper</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Jasper</u> | |
| b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin,</u> / | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Joplin</u> | |
| c. LENGTH OF STAY (in this place) <u>12 Yrs</u> | | | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>2419 Jaccard Place</u> | | d. STREET ADDRESS (If rural, give location) <u>2419 Jaccard Place</u> | |

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|---|------------|------------------------|------------------------|---|
| 3. NAME OF DECEASED (Type or Print) <u>Lorene</u> | a. (First) | b. (Middle) <u>May</u> | c. (Last) <u>Green</u> | 4. DATE OF DEATH (Month) (Day) (Year) <u>11-21-49</u> |
|---|------------|------------------------|------------------------|---|

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|----------------------|-------------------------------|---|---------------------------------|---|---------------------------------|----------------------------------|------------------------------|
| 5. SEX <u>Female</u> | 6. COLOR OR RACE <u>White</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u> | 8. DATE OF BIRTH <u>9-5-'21</u> | 9. AGE (In years last birthday) <u>28</u> | IF UNDER 1 YEAR <u>2</u> Months | IF UNDER 11 HRS. <u>16</u> Hours | IF UNDER 4 HRS. <u></u> Min. |
|----------------------|-------------------------------|---|---------------------------------|---|---------------------------------|----------------------------------|------------------------------|

| | | | |
|---|-----------------------------------|--|---|
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>House Wife</u> | 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (State or foreign country) <u>Cedarvale, Kansas</u> | 12. CITIZEN OF WHAT COUNTRY? <u>U. S.</u> |
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| 13a. FATHER'S NAME <u>James W. Parker</u> | 13b. MOTHER'S MAIDEN NAME <u>Ethyl M. Huffman</u> | 14. NAME OF HUSBAND OR WIFE <u>William J. Green</u> |
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| 15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes, no, or unknown) <u>No</u> (If yes, give war or dates of service) | 16. SOCIAL SECURITY NO. <u>No</u> | 17. INFORMANT'S SIGNATURE OR NAME <u>William J. Green</u> ADDRESS <u>2408 Jaccard Pl</u> |
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| 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, ashenia, etc. It means the disease, injury, or complication which caused death. | MEDICAL CERTIFICATION <u>Joplin, MO</u> | | INTERVAL BETWEEN ONSET AND DEATH |
| | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Pulmonary Tuberculosis</u> | | |
| | ANTECEDENT CAUSES 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>11-21</u> | |

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|------------------------|----------------------------------|---|
| 19a. DATE OF OPERATION | 19b. MAJOR FINDINGS OF OPERATION | 20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) |
|--|--|---|

| | | |
|--|--|----------------------------|
| 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 Jan, 1947, to 11-21, 1949, that I last saw the deceased alive on 11-19, 1947, and that death occurred at _____ m., from the causes and on the date stated above.

| | | |
|--|----------------------------------|----------------------------------|
| 23a. SIGNATURE <u>D. Gregory</u> (Deputy or title) | 23b. ADDRESS <u>Web City, Mo</u> | 23c. DATE SIGNED <u>11/21/49</u> |
|--|----------------------------------|----------------------------------|

| | | | |
|---|---------------------------|---|---|
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | 24b. DATE <u>11-25-49</u> | 24c. NAME OF CEMETERY OR CREMATORY <u>Ozark Memorial Park Cem</u> | 24d. LOCATION (City, town, or county) (State) <u>Joplin, Missouri</u> |
|---|---------------------------|---|---|

| | | |
|--|--|--|
| DATE REC'D BY LOCAL REG. <u>11-29-49</u> | REGISTRAR'S SIGNATURE <u>[Signature]</u> | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Thornhill-Dillon Mortuary,</u> ADDRESS <u>Joplin, Mo</u> |
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(Licensed Embalmer's Statement on Reverse Side)

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

D. Gregory W. C. Mo.

RECEIVED 72-5-49

Jasper County Health Office

County File Number 49-11-923

Date Filed 12-5-49

APR 26 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.....

working under my personal supervision.

Student Embalmer No.....

Signed Orville J. Thornhill

Signed.....
Student Embalmer

Licensed Embalmer No. 3590

P. O. Address Joplin, 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.