V.S. No. 300
REV. 10.48

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

FILED JAN 13 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 42214

BIRTH NO. 124 REG. DIST. NO. 316 PRIMARY REG. DIST. NO. 6075 Registrar's No. 427

1. PLACE OF DEATH
a. COUNTY St. Francois
b. CITY OR TOWN Farmington RURAL (If outside corporate limits, write RURAL and give township) St. Francois
c. LENGTH OF STAY (In this place) 2Y;11M;11Da.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Missouri State Hospital No. 4

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE Missouri
b. COUNTY Webster
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Rogersville
d. STREET ADDRESS (If rural, give location)

3. NAME OF DECEASED (Type or Print) a. (First) ELSIE b. (Middle) J. c. (Last) GREEN
4. DATE OF DEATH (Month) (Day) (Year) December 5, 1949
5. SEX Female
6. COLOR OR RACE White
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed
8. DATE OF BIRTH Oct. 31, 1867
9. AGE (In years last birthday) 82 IF UNDER 1 YEAR Months / Days 4 IF UNDER 24 HRS. Hours Min.
10a. 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) Kansas
12. CITIZEN OF WHAT COUNTRY? U.S.A.
13a. FATHER'S NAME Samuel Robb
13b. MOTHER'S MAIDEN NAME Hannah Alsop
14. NAME OF HUSBAND OR WIFE John D. Green
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No (If yes, give war or dates of service)
16. SOCIAL SECURITY NO. None
17. INFORMANT'S SIGNATURE OR NAME ADDRESS Records State Hospital No. 4, Farmington, Mo.

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Mesentery Thrombosis — INTERVAL BETWEEN ONSET AND DEATH: 48 Hrs.

ANTECEDENT CAUSES

Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.

DUE TO (b) Generalized Arteriosclerosis — Unknown

DUE TO (c)

II. OTHER SIGNIFICANT CONDITIONS

Conditions contributing to the death but not related to the disease or condition causing death. Senile Psychosis — 4500

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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 ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* Dec. 24, 1946, *to* Dec. 5, 1949, *that I last saw the deceased alive on* Dec. 5, 1949, *and that death occurred at* 12:45 P *m., from the causes and on the date stated above.*

23a. SIGNATURE John A. Brennan MD (Degree or title)
23b. ADDRESS State Hospital No. 4, Farmington, Mo.
23c. DATE SIGNED 12-5-49

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE Dec. 9, 1949
24c. NAME OF CEMETERY OR CREMATORY White Oak Cemetery
24d. LOCATION (City, town, or county) (State) Rogersville, Mo.

DATE REC'D BY LOCAL REG. Dec. 5, 1949
REGISTRAR'S SIGNATURE Esther Rudolph
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS Mr. Habe Ferrell, Rogersville, Mo.

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 1-9-50

District Health Officer No. 4

District File Number 150-45

Date Filed

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 C H Cozean

Licensed Embalmer No. 4084

P. O. Address Farmington 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.