

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 27 1949

State File No. **42525**
10886
Registrar's No. _____

318

PRIMARY REG. DIST. NO. **1003**

BIRTH NO. _____		REG. DIST. NO. _____		PRIMARY REG. DIST. NO. 1003		Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission). a. STATE Missouri b. COUNTY _____			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Saint Louis			c. LENGTH OF STAY (In this place) 2 Mos.	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Fulton			14
d. FULL NAME OF HOSPITAL OR INSTITUTION 1121 Aubert Av.				d. STREET ADDRESS NR (If rural, give location)			
3. NAME OF DECEASED (Type or Print)		a. (First) Nellie		b. (Middle) N.		c. (Last) Greene	
				4. DATE OF DEATH		(Month) (Day) (Year) Dec. 18, 1949	
5. SEX Female	6. COLOR OR RACE Negro	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH Aug. 6, 1876		9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 2 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) Danville, Missouri		12. CITIZEN OF WHAT COUNTRY? U.S.	
13a. FATHER'S NAME Andrew Jacobs		13b. MOTHER'S MAIDEN NAME Malissa Johnson		14. NAME OF HUSBAND OR WIFE Edward Greene (dec'd.)			
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 Helen Overstreet ADDRESS 1121 Aubert			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c))		MEDICAL CERTIFICATION					INTERVAL BETWEEN ONSET AND DEATH
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive heart disease					not determined
		ANTECEDENT CAUSES Arterio Sclerosis					unknown
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last: Arterio Sclerosis					
		DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS. _____					
		Conditions contributing to the death but not related to the disease or condition causing death. _____					
19a. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) 97			
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? Hit by car			
22. I hereby certify that I attended the deceased from December 5, 1949 , to December 16, 1949 , that I last saw the deceased alive on Dec. 17, 1949 , and that death occurred at 2 P. m., from the causes and on the date stated above.							
23a. SIGNATURE J. F. Brooks, M.D. (Degree or title)				23b. ADDRESS 2746a Franklin Av.		23c. DATE SIGNED 12/19/49	
24a. BURIAL, CREMATION, REMOVAL (Specify) Removal		24b. DATE 12/19/49	24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) Mexico, Missouri		
DATE REC'D BY LOCAL REGISTER'S SIGNATURE DEC 19 1949 J. B. Sasser		25. FUNERAL DIRECTOR'S SIGNATURE Charles J. Gates		ADDRESS 4107 Finney Av.			

(Licensed Embalmer's Statement on Reverse Side)

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

S. No. 300
V. 10.48

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 *James J. Carter*

Licensed Embalmer No. 4259

P. O. Address 4107 7th

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.