

FILED APR 11 1950

THE HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7506

State File No. _____
Registrar's No. 62

BIRTH NO. _____ REG. DIST. NO. 10 PRIMARY REG. DIST. NO. 3002

0042
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

1. PLACE OF DEATH a. COUNTY <u>Audrain</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Audrain</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Mexico, Mo.</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>5040 Vandalia, Missouri</u>	
c. LENGTH OF STAY (in this place) <u>3 hrs.</u>		d. STREET ADDRESS (If rural, give location) <u>0</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>General Hospital</u>			

3. NAME OF DECEASED a. (First) <u>Elizabeth</u> b. (Middle) _____ c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>March 28 1950</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>widowed</u>		8. DATE OF BIRTH <u>Sept. 13, 1864</u>		9. AGE (in years last birthday) <u>85</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Housewife</u>		11. BIRTHPLACE (State or foreign country) <u>Tullula, Illinois</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>John Dinkel</u>			13b. MOTHER'S MAIDEN NAME <u>Elizabeth</u>			14. NAME OF HUSBAND OR WIFE <u>Eligah Potter</u>		
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>No.</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Carl Green</u>		ADDRESS <u>Ladonia, Mo.</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>APoplexy</u>						<u>6 hrs</u>	
		ANTECEDENT CAUSES							
		Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.							
		DUE TO (b) <u>Hypertension</u>						<u>5 yrs.</u>	
		DUE TO (c) <u>Arteriosclerosis</u>							
		II. OTHER SIGNIFICANT CONDITIONS							
		Conditions contributing to the death but not related to the disease or condition causing death. <u>Advanced age</u>						<u>334X</u>	
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)	
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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?	
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22. I hereby certify that I attended the deceased from Mar 28, 1950, to Mar 28, 1950, that I last saw the deceased alive on Mar 28, 1950, and that death occurred at 6:50 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>W. P. Prize, D.D.</u>		23b. ADDRESS <u>Ladonia, Mo.</u>		23c. DATE SIGNED <u>Mar 30 1950</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>Burial March 30, 1950</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Farber Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Farber Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Mar 30 1950</u>		REGISTRAR'S SIGNATURE <u>Blanche Neely</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Clyde W. Perry</u>		ADDRESS <u>Mo.</u>	
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RECEIVED APR 5 1950
District Health Officer No. 10
District File Number 4-50-587
Date Filed APR 5 1950

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.....
Student Embalmer

Signed *Clyde C. Wilkey*.....

Licensed Embalmer No. *3820*.....

P. O. Address *Perry 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.