

FILED MAR 23 1950

STANDARD CERTIFICATE OF DEATH

State File No. 6649

BIRTH NO. _____ REG. DIST. NO. 37 PRIMARY REG. DIST. NO. 5116 Registrar's No. 27

1. PLACE OF DEATH a. COUNTY <u>BOONE</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>BOONE</u>	
b. CITY (If outside corporate limits, write RURAL and give township) TOWN <u>RURAL-BOURBON</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rural - Bourbon 0100</u>	
c. LENGTH OF STAY (In this place) <u>YEARS</u>		d. STREET ADDRESS (If rural, give location) <u>STURGEON</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>L HOME</u>			

3. NAME OF DECEASED (Type or Print) a. (First) <u>MAGGIE</u> b. (Middle) <u>MAY</u> c. (Last) <u>Green</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Mar. 10-1950</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>Jan. 26, 1871</u>	9. AGE (In years last birthday) <u>79</u>	10. MONTHS <u>1</u>	11. DAYS <u>14</u>	12. IF UNDER 18 HRS. Hours Min.
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>HWY.</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Hwy.</u>	11. BIRTHPLACE (State or foreign country) <u>Iowa</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>E. M. Caldwell</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Ellen Smith</u>	14. NAME OF HUSBAND OR WIFE <u>J. M. Green</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)	16. SOCIAL SECURITY NO. <u>No</u>	17. INFORMANT'S SIGNATURE OR NAME <u>ROY R. Green</u>	ADDRESS <u>Embalsmer</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, asthenia, etc. It means the disease, injury, or complication which caused death.	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u>		INTERVAL BETWEEN ONSET AND DEATH <u>3 hrs</u>
	ANTECEDENT CAUSES MORIBUND CONDITIONS, IF ANY, GIVING RISE TO THE ABOVE CAUSE (a) STATING THE UNDERLYING CAUSE LAST. DUE TO (b) <u>One attack before 6 mesage</u>		
	II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>4-20</u>		

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" 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)
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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 Sept. 1949 to March, 1950, that I last saw the deceased alive on July 1, 1949, and that death occurred at 8:30 p.m., from the causes and on the date stated above.

23a. SIGNATURE <u>O. M. Mercas M.D.</u>	(Degree or title)	23b. ADDRESS <u>Sturgeon MO</u>	23c. DATE SIGNED <u>March 13-50</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Mar. 13-1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>CHAPMAN STROBE CLARK</u>	24d. LOCATION (City, town, or county) (State) <u>CLARK MO</u>
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DATE REC'D BY LOCAL REG. <u>March 13-1950</u>	REGISTRAR'S SIGNATURE <u>Maud McBride</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Barnes & Booth - Sturgeon Mo.</u>	ADDRESS
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED
MAR 21 1950
District Health Officer No. 9,
District File Number

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. R. Boothe

Licensed Embalmer No. *4087*

P. O. Address *Sturgeon-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.