

FILED MAR 30 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **7825**

BIRTH NO. 78798-49 REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 139

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived: If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Butler</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Rural</u> <u>0120</u>	
c. LENGTH OF STAY (In this place) <u>20 hrs</u>		d. STREET ADDRESS (If apt., give location) <u>Route 2</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Poplar Bluff Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Richard</u> (Type or Print)		b. (Middle) <u>Dale</u>	c. (Last) <u>Green</u>
4. DATE OF DEATH (Month) (Day) (Year) <u>March 12, 1950</u>			
5. SEX <u>male</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u>	8. DATE OF BIRTH <u>Nov. 29, 1949</u>
9. AGE (In years last birthday) <u>3</u>	IF UNDER 1 YEAR Months <u>13</u> Days <u>13</u>	IF UNDER 24 HRS. Hours <u>13</u> Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>-</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>-</u>	11. BIRTHPLACE (State or foreign country) <u>Missouri</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>			
13a. FATHER'S NAME <u>Albert D. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Vidues Williams</u>	14. NAME OF HUSBAND OR WIFE <u>-</u>
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <u>-</u>	16. SOCIAL SECURITY NO. <u>-</u>	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Albert Green, Oulin, Mo. Rt. 2</u>	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Bronchopneumonia</u>		MEDICAL CERTIFICATION	
*This does not mean the mode of dying, such as heart failure, asthenia, etc. - It means the disease, injury, or complication which caused death.		INTERVAL BETWEEN ONSET AND DEATH	
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)	
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?	
22. I hereby certify that I attended the deceased from <u>12 March 1950</u> , to <u>13 March 1950</u> that I last saw the deceased alive on <u>12 March 1950</u> , and that death occurred at <u>12 m.</u> , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Carl A. Post, M.D.</u>		23b. ADDRESS <u>Poplar Bluff, Mo.</u>	23c. DATE SIGNED <u>15 Mar 50</u>
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>March 14, 1950</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Brown's Chapel Cemetery, Broseley, Mo.</u>	24d. LOCATION (City, town, or county) (State) <u>Rt. 1</u>
DATE REC'D BY LOCAL REG. <u>Mar 25, 1950</u>	REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>Linda Funeral Home - Campbell, Mo.</u>	ADDRESS

(Licensed Embalmer's Statement on Reverse Side)

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

0170

BUTLER COUNTY HEALTH CENTER
POPLAR BLUFF, MISSOURI

350-151

MAR 27 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
Student Embalmer

Signed.....

Student Embalmer No.

Licensed Embalmer No.....

P. O. Address.....

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.

not Embalmed