

FILED APR 21 1950

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 14206  
Registrar's No. 98

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 294 PRIMARY REG. DIST. NO. 4489

1. PLACE OF DEATH a. COUNTY <b>RANDOLPH</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>MISSOURI</b> b. COUNTY <b>RANDOLPH</b>	
b. CITY (If outside corporate limits, write RURAL and give township) <b>CLARK</b>	c. LENGTH OF STAY (in this place) <b>17 years</b>	c. CITY (If outside corporate limits, write RURAL and give township) <b>CLARK</b> <b>0880</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <b>0</b>	

3. NAME OF DECEASED (Type or Print) a. (First) <b>OTIS</b> b. (Middle) <b>ORVILLE</b> c. (Last) <b>GREEN</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Apr 9 - 1950</b>		
5. SEX <b>M</b>	6. COLOR OR RACE <b>WHITE</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>SINGLE</b>	8. DATE OF BIRTH <b>Aug 29 - 1885</b>	9. AGE (In years last birthday) <b>61</b>	IF UNDER 1 YEAR Months <b>7</b> Days <b>10</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Mechanic</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Auto</b>	11. BIRTHPLACE (State or foreign country) <b>Adair Co. Mo</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>

13a. FATHER'S NAME <b>Edwin A. Green</b>		13b. MOTHER'S MAIDEN NAME <b>Joanna Myers</b>		14. NAME OF HUSBAND OR WIFE <b>Mabel Prose-Clark Mo.</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>YES</b> (If yes, give war or dates of service) <b>World War I</b>		16. SOCIAL SECURITY NO.		17. INFORMANT'S SIGNATURE OR NAME <b>Mabel Prose-Clark Mo.</b>	

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) <b>Multiple Syphilitic Lesions.</b>		INTERVAL BETWEEN ONSET AND DEATH <b>47 days.</b>
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>Syphilis</b>		
	DUE TO (c)		
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		<b>029X</b>	

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 **Apr 7**, 19**50**, to **Apr 9**, 19**50**, that I last saw the deceased alive on **Apr 9**, 19**50**, and that death occurred at **8:45 P.** m., from the causes and on the date stated above.

23a. SIGNATURE <b>O. F. Carrell Jr</b>	(Degree or title) <b>2</b>	23b. ADDRESS <b>Sturgeon Mo</b>	23c. DATE SIGNED <b>12 Apr 50</b>
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24a. BURIAL, CREMATION, REMOVAL (Specify)	24b. DATE <b>Apr 11 - 1950</b>	24c. NAME OF CEMETERY OR CREMATORY <b>Chapel Grove</b>	24d. LOCATION (City, town, or county) (State) <b>Clark - Mo.</b>
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DATE REC'D BY LOCAL REG. <b>4-11-50</b>	REGISTRAR'S SIGNATURE <b>Leah Williams</b>	269	25. FUNERAL DIRECTOR'S SIGNATURE <b>Banner &amp; Booth</b>	ADDRESS <b>Sturgeon Mo.</b>
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

880

APR 21 1950

APR 24 1950

NOV 30 1950

RECEIVED APR 17 1950  
District Health Officer No. 10  
District File Number 4-50-67  
Date Filed APR 17 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 \_\_\_\_\_

Student Embalmer No. \_\_\_\_\_

working under my personal supervision.

Student \_\_\_\_\_  
Student Embalmer

Signed *A. E. Boothe*

Licensed Embalmer No. 4087

P. O. Address *Sturgeon - Ma*

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.