V.S. No. 300
Rev. 10-48

FILED JUN 9 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 15999

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 227

0123

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

1. PLACE OF DEATH
a. COUNTY: BUTLER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): POPLAR BLUFF
c. LENGTH OF STAY (in this place): 3 DA.
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): BRANDON

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: MO. b. COUNTY: WAYNE
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): LEEPER MO. 1110
d. STREET ADDRESS (If rural, give location): ✓

3. NAME OF DECEASED (Type or Print): a. (First) LILLIE b. (Middle) MAE c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year): MAY 27 1950

5. SEX: FEMALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: DEC 5, 1891
9. AGE (In years last birthday): 58 — If under 1 year: Months 5 Days 22 — If under 1 hrs.: Hours — Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): HOUSE WORK
10b. KIND OF BUSINESS OR INDUSTRY: HOME
11. BIRTHPLACE (State or foreign country): MT. CARMEL ILL.
12. CITIZEN OF WHAT COUNTRY?: U.S.A.

13a. FATHER'S NAME: THOMAS HIGGINS
13b. MOTHER'S MAIDEN NAME: SARAH SIMMON
14. NAME OF HUSBAND OR WIFE: ALBERT GREEN

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.
17. INFORMANT'S SIGNATURE, OR NAME ADDRESS: ALBERT GREEN LEEPER-MO

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.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Cerebral hemorrhage — INTERVAL BETWEEN ONSET AND DEATH: 1 day

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b) Hypertension — 6 months
DUE TO (c) Chronic nephritis

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

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19a. DATE OF OPERATION: none
19b. MAJOR FINDINGS OF OPERATION
20. AUTOPSY? YES ☐ NO ☒

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) m.
21e. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* May 25, 1950, *to* May 27, 1950, *that I last saw the deceased alive on* May 27, 1950, *and that death occurred at* 8:30 P m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): W. L. Brandon, M. D.
23b. ADDRESS: Poplar Bluff, Mo
23c. DATE SIGNED: 5/29/50

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: MAY-30-50
24c. NAME OF CEMETERY OR CREMATORY: HERCULAMEUM
24d. LOCATION (City, town, or county) (State): HERCULAMEUM MO.

DATE REC'D BY LOCAL REG.: May 29-1950
REGISTRAR'S SIGNATURE: Wm. H. Johnson 428
25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS: Norman W. Gish Fredericot

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED
JUN 6 - 1950
BUTLER CO. HEALTH CENTER
FILE No. 550-251

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 ME, Student Embalmer No. ....., working under my personal supervision.

Student .....
Student Embalmer

Signed Marvin E. Bowles

Licensed Embalmer No. 4426

P. O. Address: Belmont, 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.