

S. No. 300
v. 10.48

FILED JUN 7 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

16538

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 130 PRIMARY REG. DIST. NO. 5486 Registrar's No. 43

2410

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

1. PLACE OF DEATH a. COUNTY <u>Harrison</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Harrison</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville</u>		c. LENGTH OF STAY (in this place) <u>1 year</u>	
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Martinsville</u>		d. STREET ADDRESS (If rural, give location) <u>()</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Clara</u> b. (Middle) <u>Jane</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 30-50</u>
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>April 22 1860</u>
9. AGE (In years last birthday) <u>90</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>at home</u>	11. BIRTHPLACE (State or foreign country) <u>Warren Co. Ill.</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Housework</u>	12. CITIZENRY OF WHAT COUNTRY? <u>U.S.</u>
13a. FATHER'S NAME <u>Edward Findley</u>		13b. MOTHER'S MAIDEN NAME <u>Mary Fair</u>	14. NAME OF HUSBAND OR WIFE <u>George W. Green</u>
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. _____	
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mary Green Martinsville, Mo.</u>	
18. CAUSE OF DEATH		MEDICAL CERTIFICATION	
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) _____		INTERVAL BETWEEN ONSET AND DEATH <u>2 days</u>	
ANTECEDENT CAUSES		DUE TO (b) <u>Arteriosclerotic Heart disease</u>	
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (c) <u>Generalized Arteriosclerosis</u>	
II. OTHER SIGNIFICANT CONDITIONS		DUE TO (c) <u>Probable Carcinoma of Stomach</u>	
Conditions contributing to the death but not related to the disease or condition causing death.		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
19a. DATE OF OPERATION		20. AUTOPSY?	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY?	
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) <u>Harrison</u> <u>Mo.</u>		21d. HOW DID INJURY OCCUR? <u>1</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) m.		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
22. I hereby certify that I attended the deceased from <u>5-21</u> , 19 <u>50</u> , to <u>5-30</u> , 19 <u>50</u> , that I last saw the deceased alive on <u>5-28</u> , 19 <u>50</u> , and that death occurred at <u>12:00</u> a.m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Leonard R. Lee, M.D.</u>		23b. ADDRESS <u>Bethany, Mo.</u>	
23c. DATE SIGNED <u>5/30/50</u>		23d. DATE SIGNED	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Removal</u>		24b. DATE <u>6-1-50</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Hamburg, Iowa</u>		24d. LOCATION (City, town, or county) (State) <u>Hamburg, Iowa</u>	
DATE REC'D BY LOCAL REG. <u>5/30/50</u>		REGISTRAR'S SIGNATURE <u>Jola Burris</u> <u>116</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Chaffee Cook</u>		ADDRESS <u>Albany Mo</u>	

(Licensed Embalmer's Statement on Reverse Side)

N. W.
B. S.
J. A.



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 Clifford Brooks

Licensed Embalmer No. 3329

P. O. Address Albany, 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.