

FILED MAY 23 1950

STANDARD CERTIFICATE OF DEATH

18219  
State File No. 4292  
REGISTRAR'S No.

BIRTH NO. _____		REG. DIST. NO. <b>318</b>		PRIMARY REG. DIST. NO. <b>1003</b>		REGISTRAR'S No. _____		
1. PLACE OF DEATH a. COUNTY _____				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Pike</b>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>St. Louis, Missouri</b>		c. LENGTH OF STAY (In this place) <b>40 min.</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Bowling Green</b> <b>0820</b>				
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>BARNES HOSPITAL</b>				d. STREET ADDRESS (If rural, give location) <b>—</b>				
3. NAME OF DECEASED (Type or Print) a. (First) <b>Clement</b> b. (Middle) <b>W.</b> c. (Last) <b>Green</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>May 9, 1950</b>					
5. SEX <b>M</b>	6. COLOR OR RACE <b>W</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>		8. DATE OF BIRTH <b>Sept. 21, 1893</b>	9. AGE (In years last birthday) <b>56</b>	IF UNDER 1 YEAR Month <b>7</b> Day <b>18</b>	IF UNDER 24 HRS. Hours <b>—</b> Min. <b>—</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Farming</b>		11. BIRTHPLACE (State or foreign country) <b>Olnéy, Missouri</b> <b>0</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.</b>		
13a. FATHER'S NAME <b>Landy Green</b>			13b. MOTHER'S MAIDEN NAME <b>Emma Rhineman</b>		14. NAME OF HUSBAND OR WIFE <b>Annie Green</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>—</b>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Bill Green Bowling Green, 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, asthma, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Myocardial infarct</b>  ANTECEDENT CAUSES <b>Coronary arteriosclerosis</b> Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS <b>Myocardial infarct, old, 5 years ago.</b> Conditions contributing to the death but not related to the disease or condition causing death.			INTERVAL BETWEEN ONSET AND DEATH <b>4 hrs.</b>  <b>6 years.</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input checked="" 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) <b>H201</b>				
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 <b>May 9, 1950</b> , to <b>May 9, 1950</b> , that I last saw the deceased alive on <b>May 9, 1950</b> , and that death occurred at <b>12:05P M.</b> from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <b>JR Bradley</b>			23b. ADDRESS <b>BARNES HOSPITAL</b>			23c. DATE SIGNED <b>5/9/50</b>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>5/12/50</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Bowling Green Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>Bowling Green, Mo.</b>		
DATE REC'D BY LOCAL REG. <b>MAY 13 1950</b>		REGISTRAR'S SIGNATURE <i>[Signature]</i>		FUNERAL DIRECTOR'S SIGNATURE ADDRESS <i>[Signature]</i>				

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

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 Embalmer No. ....

Signed.....  
Student Embalmer

Signed *James C. Mudd*

Licensed Embalmer No. *4152*

P. O. Address *Bawling Run, 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.