U.S. No. 300
REV. 10.48

FILED AUG 15 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

0150

State File No. 22967

BIRTH NO. ____ REG. DIST. NO. 50 PRIMARY REG. DIST. NO. 5179 Registrar's No. 28

0150

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

1. PLACE OF DEATH
a. COUNTY: Camden
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles Osage Township R. Star R
c. LENGTH OF STAY (in this place): life
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location): Loyd Green Home

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission)
a. STATE: Missouri
b. COUNTY: Camden
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): Versailles - rural - Osage Twns.
d. STREET ADDRESS (If rural, give location): Star Route

3. NAME OF DECEASED (Type or Print)
a. (First): William
b. (Middle): Franklin
c. (Last): Green

4. DATE OF DEATH (Month) (Day) (Year): 7-27-50

5. SEX: Male
6. COLOR OR RACE: Wht
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): Widowed
8. DATE OF BIRTH: 2-5-1875
9. AGE (In years last birthday): 75 — IF UNDER 1 YEAR: Months / Days — IF UNDER 24 HRS.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired): Ret. Farmer & Carpenter
10b. KIND OF BUSINESS OR INDUSTRY:
11. BIRTHPLACE (State or foreign country): Camden Co. Mo.
12. CITIZEN OF WHAT COUNTRY?: USA

13a. FATHER'S NAME: Arthur Clenton Green
13b. MOTHER'S MAIDEN NAME: Clementine Blankenship
14. NAME OF HUSBAND OR WIFE: Emma Frances

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): No — (If yes, give war or dates of service): none
16. SOCIAL SECURITY NO.: none
17. INFORMANT'S SIGNATURE OR NAME: Loyd Green — ADDRESS: Versailles, Mo R Star

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): Pneumonia - hypostatic — INTERVAL BETWEEN ONSET AND DEATH: 1 week

ANTECEDENT CAUSES
Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.
DUE TO (b): Cerebral hemorrhage — 3 months
DUE TO (c): Hypertension & arteriosclerosis — 3

II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.: 3.31X

19a. DATE OF OPERATION:
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, 1950, *to* July 25, 1950, *that I last saw the deceased alive on* July 25, 1950, *and that death occurred at* 8 30 p. m., *from the causes and on the date stated above.*

23a. SIGNATURE (Degree or title): Jack Gunn M.D.
23b. ADDRESS: Versailles, Missouri
23c. DATE SIGNED: 7-29-50

24a. BURIAL, CREMATION, REMOVAL (Specify): burial
24b. DATE: 7-29-50
24c. NAME OF CEMETERY OR CREMATORY: Rock Dale
24d. LOCATION (City, town, or county) (State): Camden Co. Mo

DATE REC'D BY LOCAL REG.: Aug-10-1950
REGISTRAR'S SIGNATURE: Zilpha Traw, 42
25. FUNERAL DIRECTOR'S SIGNATURE: Bankson Woolery — ADDRESS: Camdenton Mo

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED 8-14-
DISTRICT HEALTH OFFICE No. 3
District File Number.....
Date Filed 8-14-50

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 Abbie Bankson Woolery

Licensed Embalmer No. 2488

P. O. Address Camden, 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.