

FILED JUL 28 1950

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25767

State File No.

BIRTH NO. _____ REG. DIST. NO. 333 PRIMARY REG. DIST. NO. 3074 Registrar's No. 112

1. PLACE OF DEATH a. COUNTY Scott		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Scott	
b. CITY (If outside corporate limits, write RURAL and give OR TOWN Sikeston,	c. LENGTH OF STAY (in this place) 20 Yr.	c. CITY (If outside corporate limits, write RURAL and give township) Sikeston, <u>1002</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Resident		d. STREET ADDRESS (If rural, give location) 204 Felker Street	

3. NAME OF DECEASED (Type or Print) a. (First) James b. (Middle) _____ c. (Last) Green	4. DATE OF DEATH (Month) (Day) (Year) July 12 1950
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5. SEX Male	6. COLOR OR RACE Colored	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Married	8. DATE OF BIRTH March 27 1877	9. AGE (In years last birthday) 73	IF UNDER 1 YEAR Months 3	IF UNDER 24 HRS. Days Hours Min. 14
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Laborer xxx	10b. KIND OF BUSINESS OR INDUSTRY Laborer	11. BIRTHPLACE (State or foreign country) Jackson, Tenn.,	12. CITIZEN OF WHAT COUNTRY? U.S.A.
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13a. FATHER'S NAME William Green	13b. MOTHER'S MAIDEN NAME Myra Green	14. NAME OF HUSBAND OR WIFE Addie Green
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes; no, or unknown) (If yes, give war or dates of service) No	16. SOCIAL SECURITY NO. 489-09-9195	17. INFORMANT'S SIGNATURE OR NAME Addie Green	ADDRESS 204 Felker St.
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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, assthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Hypertensive Pneumonia		4 days
	ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) chronic vas. accident		5 yrs
DUE TO (c) Hypertensive C-V. Disease		6 yrs	
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		443X	

19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION	20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>
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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)
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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"/>	21f. HOW DID INJURY OCCUR?
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22. I hereby certify that I attended the deceased from 7/5, 1950, to 7/12, 1950, that I last saw the deceased alive on 7/12, 1950, and that death occurred at 6:30 P. m., from the causes and on the date stated above.

23a. SIGNATURE John P. Sample (Degree or title) M.D.	23b. ADDRESS Wenton, Mo.	23c. DATE SIGNED 7/15/50
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	24b. DATE 7-16-50	24c. NAME OF CEMETERY OR CREMATORY Sunset Cemetery	24d. LOCATION (City, town, or county) (State) West of Sikeston Mo.
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DATE REC'D BY LOCAL REG. July 18-50	REGISTRAR'S SIGNATURE Mrs. Ella Kunters	25. FUNERAL DIRECTOR'S SIGNATURE Fred J. Smith	ADDRESS 1212 Main St.
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

RECEIVED JUL 24
SCOTT COUNTY HEALTH
CO. FILE NO. 750

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.

Signed Fred J. Smith

Signed _____
Student Embalmer

Licensed Embalmer No. 4408

P. O. Address Sikeston, 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.