

FILED FEB 15 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 334

BIRTH NO. _____ REG. DIST. NO. 43 PRIMARY REG. DIST. NO. 3007 Registrar's No. 61

1. PLACE OF DEATH a. COUNTY <u>Butler</u>		2. USUAL RESIDENCE (Where deceased lived. If institution, residence before admission) a. STATE <u>Mo.</u> b. COUNTY <u>Carter</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Poplar Bluff</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Fremont</u>	
c. LENGTH OF STAY (in this place) <u>12 Days</u>		d. STREET ADDRESS (If rural, give location) <u>1</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Brandon Hospital</u>			
3. NAME OF DECEASED a. (First) <u>Louis</u>		b. (Middle) <u>Bradford</u>	
c. (Last) <u>Greene</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>Feb. 5 1951</u>	
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Dec. 24, 1898</u>
9. AGE (In years last birthday) <u>52</u>		IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 4 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>farming</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (State or foreign country) <u>Carter Co. Mo.</u>
12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		13a. FATHER'S NAME <u>Elmer Greene</u>	
13b. MOTHER'S MAIDEN NAME <u>Alice Turley</u>		14. NAME OF HUSBAND OR WIFE <u>Gertrude Greene</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.	
17. INFORMANT'S SIGNATURE OR NAME <u>Gertrude Greene</u>		ADDRESS <u>Fremont, Mo.</u>	
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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Traumatic pneumonia</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Traumatism</u> <u>Being hit with slab of wood</u> DUE TO (c) <u>while at work in sawmill.</u>		INTERVAL BETWEEN ONSET AND DEATH <u>10 days</u> <u>29/33</u> <u>11</u>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION	
20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>	
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Sawmill</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Fremont Carter Mo.</u>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 24 1951 3pm</u>		21e. INJURY OCCURRED WHILE AT WORK <input checked="" type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	
21f. HOW DID INJURY OCCUR? <u>Hit in abdomen with a slab of wood.</u>			
22. I hereby certify that I attended the deceased from <u>Jan 24, 1951</u> , to <u>Feb 5, 1951</u> , that I last saw the deceased alive on <u>Feb 5, 1951</u> , and the death occurred at <u>9:30A</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>W. L. Brandon</u>		23b. ADDRESS <u>Missouri</u>	
23c. DATE SIGNED <u>2-7-51</u>		23d. NAME OF CEMETERY OR CREMATORY <u>Eveline</u>	
23e. LOCATION (City, town, or county) (State) <u>Fremont (rural) Mo.</u>		23f. NAME OF CEMETERY OR CREMATORY <u>Eveline</u>	
23g. LOCATION (City, town, or county) (State) <u>Fremont (rural) Mo.</u>		23h. LOCATION (City, town, or county) (State) <u>Fremont (rural) Mo.</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>2-7-51</u>	
24c. NAME OF CEMETERY OR CREMATORY <u>Eveline</u>		24d. LOCATION (City, town, or county) (State) <u>Fremont (rural) Mo.</u>	
DATE REC'D BY LOCAL REG. <u>Feb 5 1951</u>		REGISTRAR'S SIGNATURE <u>Wm. H. Johnson</u>	
25. FUNERAL DIRECTOR'S SIGNATURE <u>Heaton Pruitt</u>		ADDRESS <u>Van Buren, Mo.</u>	

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

0124

RECEIVED

FEB 13 1951

BUTLER CO. HEALTH CENTER

FILE No. 251-63-

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 Seaton Pewitt

Licensed Embalmer No. 2287

P. O. Address Van Buren

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.