

FILED APR 2 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

7958

State File No.

BIRTH NO. _____		REG. DIST. NO. <u>107</u>		PRIMARY REG. DIST. NO. <u>2422</u>		Registrar's No. <u>36</u>		
1. PLACE OF DEATH a. COUNTY <u>Dunklin</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Dunklin</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett Mo.</u>		c. LENGTH OF STAY (In this place) <u>50 Yrs.</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Kennett, Mo.</u>		<u>03 50'</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Bradley Street</u>				d. STREET ADDRESS (If rural, give location) <u>Route 3, Kennett, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Charlie</u> b. (Middle) <u>Jarvis</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) <u>March</u> (Day) <u>20</u> (Year) <u>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>1884</u> <u>September 6</u>		
9. AGE (In years last birthday) <u>66</u>		IF UNDER 1 YEAR Months _____ Days _____		IF UNDER 2 HRS. Hours _____ Mins. _____				
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>			10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>			11. BIRTHPLACE (State or foreign country) <u>Tennessee</u>		
12. CITIZENRY OF WHAT COUNTRY? <u>U. S. A.</u>			13a. FATHER'S NAME <u>B. W. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Gertrude Wilson</u>		14. NAME OF HUSBAND OR WIFE <u>Beatrice Green, Kennett</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. <u>None</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Haynes Grogan, R-1 Kennett, Mo.</u>				
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) <i>*This does not mean the mode of dying, such as heart failure, asthenia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Occlusion</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Branchial Asthma</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>241X</u>					INTERVAL BETWEEN ONSET AND DEATH <u>Inst.</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)		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) (Min.)		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 <u>March 10, 1951</u> , to <u>March 20, 1951</u> , that I last saw the deceased alive on <u>March 20, 1951</u> , and that death occurred at <u>11: P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE (Degree or title) <u>Robert S. Green M.D.</u>				23b. ADDRESS <u>Kennett, Mo</u>		23c. DATE SIGNED <u>3/24/51</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>March 22</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Oak Ridge</u>		24d. LOCATION (City, town, or county) (State) <u>Kennett, Mo.</u>		
DATE REC'D BY LOCAL REG. <u>3-27-1950</u>		REGISTRAR'S SIGNATURE <u>Carl H. ...</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>BALDWIN FUNERAL HOME</u>		ADDRESS <u>KENNETT, MO.</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

352
3

RECEIVED DUNKLIN COUNTY HEALTH

DEPARTMENT 3-29-51

COUNTY FILE NUMBER 351-87

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

J. W. Johnson

Licensed Embalmer No. 4086

P. O. Address Malden, 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.