

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

13587

FILED APR 30 1951

State File No. ....

850

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

BIRTH NO. ....		REG. DIST. NO. <u>290</u>		PRIMARY REG. DIST. NO. <u>4427</u>		Registrar's No. <u>68</u>	
1. PLACE OF DEATH a. COUNTY <u>PULLASKI</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MO</u> b. COUNTY <u>PULLASKI</u>			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>WAINESVILLE</u>		c. LENGTH OF STAY (In this place)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Richland MO 0850</u>		d. STREET ADDRESS (If rural, give location) <u>Rout. 3.</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>De Witt Hospital</u>				d. STREET ADDRESS			
3. NAME OF DECEASED (Type or Print) a. (First) <u>Grover</u> b. (Middle) <u>Cheverland</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>4 14 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>May 6 - 1884</u>	
9. AGE (In years last birthday) <u>64</u>		10. 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>Farm</u>		11. BIRTHPLACE (State or foreign country) <u>Hawesh Co MO</u>	
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>George Green</u>		13b. MOTHER'S MAIDEN NAME <u>Anna Branch</u>		14. NAME OF HUSBAND OR WIFE <u>Lillie Green</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, state year or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. <u>498-18-6126</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Lillie Green</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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary thrombosis</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic gold flaccid</u> DUE TO (c) <u>circulation of liver</u>					INTERVAL BETWEEN ONSET AND DEATH <u>8 hr.</u>
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>586 X</u>					20. AUTOPSY? YES <input 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)		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>April 19, 1951</u> , to <u>April 19, 1951</u> , that I last saw the deceased alive on <u>April 19, 1951</u> , and that death occurred at <u>9:45 p. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>Lewis S. Myer D.O.</u>				23b. ADDRESS <u>Richland Mo.</u>		23c. DATE SIGNED <u>4-24-51</u>	
24. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>4/22/51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Iduna Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Richland Star Rout Mo</u>	
DATE REC'D BY LOCAL REG. <u>4-24-51</u>		REGISTRAR'S SIGNATURE <u>Opal Ray</u>		389		25. FUNERAL DIRECTOR'S SIGNATURE <u>W. B. ...</u>	
						ADDRESS <u>Richland Mo</u>	

JUN 29 1951  
JUN 27 1951

RECEIVED 4-24-51  
Pulaski County Health Officer  
File Number  
Date Filed 4-24-51

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.....

*M B Dupre*

Signed.....  
Student Embalmer

Licensed Embalmer No. 3198

P. O. Address *Reckard*

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.