

FILED MAY 28 1951

THE DIVISION OF HEALTH OF THE STATE OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **16187**

BIRTH NO. _____ REG. DIST. NO. **128** PRIMARY REG. DIST. NO. **2000** Registrar's No. **460**

396

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

1. PLACE OF DEATH a. COUNTY Greene		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE Mo b. COUNTY Webster	
b. CITY (If outside corporate limits, write RURAL and give township) Springfield		c. CITY (If outside corporate limits, write RURAL and give township) Fordland Mo	
c. LENGTH OF STAY (in this place) 20 days		d. STREET ADDRESS (If rural, give location) 1	
d. FULL NAME OF HOSPITAL OR INSTITUTION Baptist Hospital			

3. NAME OF DECEASED a. (First) William (Type or Print)			b. (Middle) Columbus			c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) May 20 1951						
5. SEX MALE		6. COLOR OR RACE WHITE		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed		8. DATE OF BIRTH May 17 - 1877		9. AGE (In years last birthday) 74		10. MONTHS		11. YEARS		12. HOURS & MIN.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Retired Farmer				10b. KIND OF BUSINESS OR INDUSTRY FARM				11. BIRTHPLACE (State or foreign country) Christian Co Mo				12. CITIZEN OF WHAT COUNTRY? U.S.A.			

13a. FATHER'S NAME James Robert Green			13b. MOTHER'S MAIDEN NAME Adeline Calwell			14. NAME OF HUSBAND OR WIFE ←					
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or status of service) No			16. SOCIAL SECURITY NO. Unknown			17. INFORMANT'S SIGNATURE OR NAME Ray Green			ADDRESS Fordland Mo		

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION						INTERVAL BETWEEN ONSET AND DEATH	
This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) Myocardial Failure + Pulmonary Edema						15 mos	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.						DUE TO (b) Serility + Arteriosclerosis 6 mos	
		DUE TO (c) Coronary Heart Disease						6 wks	
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. Prostatectomy + Cholecystitis						3 wks	
19a. DATE OF OPERATION None		19b. MAJOR FINDINGS OF OPERATION						20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	

21a. ACCIDENT SUICIDE HOMICIDE (Specify) no		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) 4201	
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 **May 19 1951**, to **20 May 1951**, that I last saw the deceased alive on **20 May 1951**, and that death occurred at **10:15 p.m.**, from the causes and on the date stated above.

23a. SIGNATURE Howard B. Hall		(Degree or title)		23b. ADDRESS Springfield Mo		23c. DATE SIGNED MAY 21 1951	
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24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE May 23-1951		24c. NAME OF CEMETERY OR CREMATORY Union Chapel		24d. LOCATION (City, town, or county) (State) Near Fordland Mo	
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DATE REC'D BY LOCAL REG. 5-22-51		REGISTRAR'S SIGNATURE W. E. Landley		25. FUNERAL DIRECTOR'S SIGNATURE W. D. Kelley-Ferrell		ADDRESS Berghman	
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Fordland Mo

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.....

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working under my personal supervision.

Student Embalmer No.....

Signed

K. K. Kelley

Signed.....

Student Embalmer

Licensed Embalmer No.

3334

P. O. Address

Fordland 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.