

FILED AUG 14 1951

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 22588

BIRTH NO. _____ REG. DIST. NO. 101 PRIMARY REG. DIST. NO. 5407 Registrar's No. _____

1. PLACE OF DEATH
a. COUNTY Douglas
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKinley Twp
c. LENGTH OF STAY (In this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Mo
b. COUNTY Douglas
c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN McKinley Twp
d. STREET ADDRESS (If rural, give location) Rt. 2, Willow Springs Mo.

3. NAME OF DECEASED
a. (First) FRANCIS
b. (Middle) Willard
c. (Last) GREEN

4. DATE OF DEATH (Month) (Day) (Year)
7-26-51

5. SEX M
6. COLOR OR RACE W

7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED
8. DATE OF BIRTH Aug 5, 1907

9. AGE (In years) (Months) (Days) (Hours) (Min.)
43 11 21

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)
LABOR IN TIMBER, HINAWAYETS

10b. KIND OF BUSINESS OR INDUSTRY

11. BIRTHPLACE (State or foreign country)
Mo.

12. CITIZEN OF WHAT COUNTRY?
U.S.A

13a. FATHER'S NAME
Willard Davis Green

13b. MOTHER'S MAIDEN NAME
Ollie May Yours

14. NAME OF HUSBAND OR WIFE
Loyce Rogers

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. 393-20-8556
17. INFORMANT'S SIGNATURE OR NAME ADDRESS
Mrs. June Dahler, Baraboo, Wisc.

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) Was stung by a bee while working at a country saw mill. This must of caused
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (c) stating the underlying cause last.
DUE TO (b) over exertion and he had a heart attack. I was told that he
DUE TO (c) had been bothered some with his hart.
II. OTHER SIGNIFICANT CONDITIONS
Conditions contributing to the death but not related to the disease or condition causing death.

INTERVAL BETWEEN ONSET AND DEATH

19a. DATE OF OPERATION

19b. MAJOR FINDINGS OF OPERATION
034 89273 5

20. AUTOPSY?
YES NO

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 NOT WHILE AT WORK

21f. HOW DID INJURY OCCUR?

22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at _____ p. m., from the causes and on the date stated above.

23a. SIGNATURE (Degree or title)
C. V. Clinkingbeard Coroner

23b. ADDRESS
Ava, Missouri

23c. DATE SIGNED
7-27-51

24a. BURIAL, CREMATION, REMOVAL (Specify)
Removal

24b. DATE
7/28/51

24c. NAME OF CEMETERY OR CREMATORY

24d. LOCATION (City, town, or county) (State)
MEDFORD, Wisconsin

DATE REC'D BY LOCAL REG. REGISTRAR'S SIGNATURE
84

25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS
J. C. Burns, Willow Springs Mo.

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

340
1

DIVISION OF HEALTH OF MO.
District No. 5 - Springfield

RECEIVED AUG 11 1951

Dist. File 827-1425
Date Filed 8-11-51

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.....
Student Embalmer

Signed.....

J. C. Burns

Licensed Embalmer No. 3379

P. O. Address Hillow Springs, 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.