

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **30929**
 BIRTH NO. 102758 REG. DIST. NO. 245 PRIMARY REG. DIST. NO. 3047 Registrar's No. 105

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|---|--|---|--|
| 1. PLACE OF DEATH a. COUNTY <u>Newton</u> | | 2. USUAL RESIDENCE (Where deceased lived, or institution, residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u> | |
| b. CITY OR TOWN <u>Neosho</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Neosho</u> | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Sale Memorial Hos.</u> | | d. STREET ADDRESS (If rural, give location) <u>R#3 Neosho</u> | |

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| 3. NAME OF DECEASED (Type or Print) a. (First) <u>Mark</u> b. (Middle) <u>Lee</u> c. (Last) <u>Green</u> | | | 4. DATE OF DEATH (Month) (Day) (Year) <u>Sep 17-1951</u> | | |
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| 5. SEX <u>Male</u> | | 6. COLOR OF RACE <u>White</u> | | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u> | | 8. DATE OF BIRTH <u>Sept. 16-1951</u> | | 9. AGE (In years last birthday) <u>7</u> UNDER 1 YEAR <u>7</u> MONTHS <u>7</u> DAYS <u>7</u> HOURS <u>7</u> MIN. | |
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| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Child</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Child</u> | | 11. BIRTHPLACE (State or foreign country) <u>Neosho, Mo</u> | | 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | |
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|---------------------------------------|--|--|--|---|--|
| 13a. FATHER'S NAME <u>Aaron Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Malear Hood</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
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| 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>---</u> | | 17. INFORMANT'S SIGNATURE OR NAME <u>Aaron Green</u> ADDRESS <u>R#3 Neosho</u> | |
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| 18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) | | MEDICAL CERTIFICATION | | | | INTERVAL BETWEEN ONSET AND DEATH <u>18 hours</u> | |
| *This does not mean the mode of dying, such as heart failure, ashenia, etc. It means the disease, injury, or complication which caused death. | | I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Prenatality</u> | | | | | |
| | | ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Diabetes mellitus in mother</u> DUE TO (c) _____ | | | | | |
| | | II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Cesarian Section for toxemia pregnancy in mother.</u> | | | | | |

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| 19a. DATE OF OPERATION | | 19b. MAJOR FINDINGS OF OPERATION | | 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | |
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| 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) | |
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| 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? | |
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22. I hereby certify that I attended the deceased from 16 Sept, 1951, to 17 Sept, 1951, that I last saw the deceased alive on 16 Sept, 1951, and that death occurred at 6 a. m., from the causes and on the date stated above.

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|--|--|---------------------------------|--|------------------------------------|--|
| 23a. SIGNATURE <u>R. J. Taylor</u> (Degree or title) <u>M.D.</u> | | 23b. ADDRESS <u>Neosho, Mo.</u> | | 23c. DATE SIGNED <u>19 Sept 51</u> | |
|--|--|---------------------------------|--|------------------------------------|--|

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| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>Sept 18-1951</u> | | 24c. NAME OF CEMETERY OR CREMATORY <u>Hazel Green Cem</u> | | 24d. LOCATION (City, town, or county) (State) <u>Newton Co. Mo.</u> | |
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| DATE REC'D BY LOCAL REG. <u>Sept 20, 1951</u> | | REGISTRAR'S SIGNATURE <u>Melvin C. Roman</u> | | 25. FUNERAL DIRECTOR'S SIGNATURE <u>Clark-Bicham Mort.</u> ADDRESS <u>Neosho</u> | |
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(Licensed Embalmer's Statement on Reverse Side)

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

0732

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 957-213
Date Filed SEP 27 1951

NEOSHO, MISSOURI

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 _____

Signed _____
Student Embalmer

No Embalming

Licensed Embalmer No. _____

P. O. Address _____

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.