

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATHState File No. **32512**

113

FILED NOV 15 1951		REG. DIST. NO. <u>27</u>		PRIMARY REG. DIST. NO. <u>3005</u>		Registrar's No. <u>113</u>	
1. PLACE OF DEATH a. COUNTY <u>Bates</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Bates</u>			
b. CITY (If outside corporate limits, write RURAL and give township) <u>Butler</u>		c. LENGTH OF STAY (In this place) <u>1 da</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Adrian</u>		<u>5970</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Butler Memorial Hosp</u>				d. STREET ADDRESS (If rural, give location) <u>3</u>			
3. NAME OF DECEASED (Type or Print) a. (First) <u>John</u> b. (Middle) <u>Blessing</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov-1-1951</u>				
5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Wed 20</u>		8. DATE OF BIRTH <u>June 3-1869</u>	
9. AGE (In years last birthday) <u>82</u>		10. MONTHS <u>4</u>		DAYS <u>28</u>		11. BIRTHPLACE (State or foreign country) <u>Herrmantown, Mo.</u>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired farmer</u>				10b. KIND OF BUSINESS OR INDUSTRY		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>Isaac M. Green</u>			13b. MOTHER'S MAIDEN NAME <u>Mary Elizabeth ??</u>		14. NAME OF HUSBAND OR WIFE <u>Fannie Green</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.		15. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Roy Green, Adrian Mo.</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>Cerebro-vascular accident</u>						INTERVAL BETWEEN ONSET AND DEATH <u>4 hrs</u>	
ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>hypertension</u>							
DUE TO (c) <u>arteriosclerotic cardiovascular disease</u>							
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.							
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <u>443x</u>					
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)		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21d. TIME OF INJURY (Month) (Day) (Year) (Hour)		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>31 Oct</u> , 19 <u>51</u> , to <u>1 Nov</u> , 19 <u>51</u> , that I last saw the deceased alive on <u>NOV 1</u> , 19 <u>51</u> , and that death occurred at <u>2:30 P.M.</u> , from the causes and on the date stated above.							
23a. SIGNATURE <u>John T. Heather</u> (Degree or title) <u>M.D.</u>				23b. ADDRESS <u>17 North Bonle Bldg</u>		23c. DATE SIGNED <u>7 Nov 1951</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify)		24b. DATE <u>11-3-51</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Crescent Hill Cem.</u>		24d. LOCATION (City, town, or county) (State) <u>Adrian Mo.</u>	
DATE REC'D BY LOCAL REG. <u>NOV. 7-1951</u>		REGISTRAR'S SIGNATURE <u>Nendall Harry's</u>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>Creath &amp; Sig Adrian Mo.</u>			

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

NOV 14 1951

DISTRICT HEALTH OFFICE No. 3

District File Number \_\_\_\_\_

Date Filed NOV 14 1951

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 \_\_\_\_\_

*Fred T. Greath*

working under my personal supervision.

Student Embalmer No. ....

Signed.....  
Student Embalmer

Signed *Fred T. Greath*

Licensed Embalmer No. 3343

P. O. Address Adrian, 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.