

FILED JAN 15 1952

STANDARD CERTIFICATE OF DEATH.

1838
State File No.

054
3

REG. DIST. NO. 174 PRIMARY REG. DIST. NO. 3034 Registrar's No. 1

| | | | |
|---|---------------------------------|---|---|
| 1. PLACE OF DEATH a. COUNTY <u>Lafayette</u> | | 2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Lafayette</u> | |
| b. CITY (If outside corporate limits, write RURAL and give town) OR TOWN <u>Lexington</u> | | c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Higginsville, Rural</u> 054 | |
| d. FULL NAME OF HOSPITAL OR INSTITUTION <u>on Highway 24, West edge Lexington</u> | | d. STREET ADDRESS (If rural, give location) <u>Rural 3 miles southwest</u> | |
| 3. NAME OF DECEASED (Type or Print) (First) (Middle) (Last) <u>Oswald Leonard Green Jr</u> | | 4. DATE OF DEATH (Month) (Day) (Year) <u>January 6 1952</u> | |
| 5. SEX <u>Male</u> | 6. COLOR OR RACE <u>Colored</u> | 7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>never married</u> | 8. DATE OF BIRTH <u>October 24 1932</u> |
| 9. AGE (In years last birthday) <u>19</u> Months <u>4</u> Days <u>13</u> Hours <u></u> Mins. <u></u> | | 11. BIRTHPLACE (State or foreign country) <u>Higginsville, Mo.</u> | |
| 10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Cafe operator</u> | | 10b. KIND OF BUSINESS OR INDUSTRY <u>Lake-City Plant</u> | |
| 12. CITIZEN OF WHAT COUNTRY? <u>USA</u> | | 14. NAME OF HUSBAND OR WIFE <u>None</u> | |
| 13a. FATHER'S NAME <u>Oswald Green</u> | | 13b. MOTHER'S MAIDEN NAME <u>Emma Perry</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. <u>514-32-7308</u> | |
| 17. INFORMANT'S SIGNATURE OR NAME <u>Oswald Green</u> | | ADDRESS <u>Higginsville, 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, asthenia, etc. It means the disease, injury, or complication which caused death. | | MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* <u>Crushing injury left chest,</u> <u>Hemorrhage to shock</u> DUE TO (b) <u>Car he was driving collided with a truck about 1/2 mi. on W 24</u> <u>Hitting in my front leg up to me</u> DUE TO (b) <u>5454 W 1-6-52</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. | |
| 19a. DATE OF OPERATION <u>no operator</u> | | 19b. MAJOR FINDINGS OF OPERATION <u>no operator</u> | |
| 20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/> | | <u>054 E 8194-31</u> | |
| 21a. ACCIDENT (Specify) <u>motor car accident</u> | | 21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>W 24 Higginsville</u> | |
| 21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Lexington Lafayette Mo</u> | | 21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Jan 6 - 1952 5:25 pm</u> | |
| 21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> | | 21f. HOW DID INJURY OCCUR? <u>Motor car he was driving collided with truck</u> | |
| 22. I hereby certify that I attended the deceased from alive on _____, 19____, and that death occurred at <u>5454 W 1-6-52</u> , from the causes and on the date stated above. | | | |
| 23a. SIGNATURE (Degree or title) <u>W. Martin M.D. Coroner</u> | | 23b. ADDRESS <u>Adena, Mo</u> | |
| 23c. DATE SIGNED <u>1-6-52</u> | | 23d. DATE SIGNED | |
| 24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u> | | 24b. DATE <u>1-9-52</u> | |
| 24c. NAME OF CEMETERY OR CREMATORY <u>Brand</u> | | 24d. LOCATION (City, town, or county) (State) <u>Higginsville, Mo.</u> | |
| DATE REC'D BY LOCAL REG. <u>1-8-52</u> | | REGISTRAR'S SIGNATURE <u>156</u> <u>Minerva E. Eastabrook</u> | |
| 25. FUNERAL DIRECTOR'S SIGNATURE <u>Boeffer</u> | | ADDRESS <u>Higginsville, MO</u> | |

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED JAN 14 1952

DISTRICT HEALTH OFFICE No. 3

District File Number _____

Date Filed JAN 14 1952

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 _____

_____, Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Garret J. Kumpel

Licensed Embalmer No. 13275

P. O. Address Livingston

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.