

No. 300  
10.48

FILED JAN 15 1952

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

State File No. 3791

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 369 PRIMARY REG. DIST. NO. 6250 Registrar's No. 3

1. PLACE OF DEATH a. COUNTY <i>Wayne</i>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <i>Missouri</i> b. COUNTY <i>Wayne</i>	
b. CITY (If outside corporate limits, write RURAL and give townships) <i>New Inslee Black River</i>		c. CITY (If outside corporate limits, write RURAL and give township) <i>Clubb</i>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location)	
d. FULL NAME OF HOSPITAL OR INSTITUTION			

3. NAME OF DECEASED (Type or Print) a. (First) <i>WILLIAM</i> b. (Middle) <i>COLUMBUS</i> c. (Last) <i>GREEN</i>			4. DATE OF DEATH (Month) (Day) (Year) <i>1-5-52</i>		
5. SEX <i>Male</i>	6. COLOR OR RACE <i>White</i>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <i>Married</i>	8. DATE OF BIRTH <i>Dec. 11, 1894</i>	9. AGE (In years last birthday) <i>57</i>	IF UNDER 1 YEAR Months <i>25</i> IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <i>Farmer</i>		10b. KIND OF BUSINESS OR INDUSTRY <i>Farming</i>		11. BIRTHPLACE (State or foreign country) <i>Arkansas</i>	
13a. FATHER'S NAME <i>David P. Green</i>		13b. MOTHER'S MAIDEN NAME <i>Unknown</i>		14. NAME OF HUSBAND OR WIFE <i>Frederic Green</i>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <i>487-18-7409</i>		17. INFORMANT'S SIGNATURE OR NAME <i>Winifred Green</i> ADDRESS <i>Clubb, Mo</i>	

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, asthma, etc. It means the disease, injury, or complication which caused death.		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <i>Coronary Occlusion</i>		INTERVAL BETWEEN ONSET AND DEATH <i>2 hours</i>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____			
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.		<i>4201</i>	

19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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) <i>Wayne Mo</i>	
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? <i>1</i>	

22. I hereby certify that I attended the deceased from *1-5-*, 1952, to *1-5-*, 1952, that I last saw the deceased alive on *1-5-*, 1952, and that death occurred at *7:30 p. m.*, from the causes and on the date stated above.

23a. SIGNATURE (Degree or title) <i>John F. Wagner, M.D.</i>		23b. ADDRESS <i>Greenville, Mo.</i>		23c. DATE SIGNED <i>1-6-52</i>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <i>removal</i>		24b. DATE <i>1/6/52</i>		24c. NAME OF CEMETERY OR CREMATORY <i>Union Cem.</i>	
				24d. LOCATION (City, town, or county) (State) <i>New Berlin, Mo.</i>	

DATE REC'D BY LOCAL REG. <i>Jan. 6, 1952</i>		REGISTRAR'S SIGNATURE <i>Rayl Ward</i>		460	
		25 FUNERAL DIRECTOR'S SIGNATURE <i>Gish</i>		ADDRESS <i>FUNERAL HOME Greenville, Mo.</i>	

(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

JAN 14 1952

WAYNE CO. HEALTH CENTER

FILE No. 152-13

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.....

*me*

Student Embalmer No. ....

working under my personal supervision.

Student .....  
Student Embalmer

Signed

*Marvin E. Bowler*

Licensed Embalmer No. *4426*

P. O. Address *Pediment, Pa*

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.