

FILED JUN 30 1952

THE DIVISION OF HEALTH OF MISSOURI
 STANDARD CERTIFICATE OF DEATH

State File No. **19360**

BIRTH NO. _____ REG. DIST. NO. **30** PRIMARY REG. DIST. NO. **4038** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY BENTON		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE MISSOURI b. COUNTY BENTON	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN WARSAW - RURAL	
c. LENGTH OF STAY (In this place) 6 months		0080	
d. FULL NAME OF HOSPITAL OR INSTITUTION NONE		d. STREET ADDRESS (If rural, give location)	
3. NAME OF DECEASED (Type or Print) a. (First) AUBREY b. (Middle) SWEENEY c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) JUNE 23 1952
5. SEX MALE	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) MARRIED	8. DATE OF BIRTH SEPT. 12, 1879
9. AGE (In years last birthday) 72		10. UNDER 1 YEAR (Days) 9	11. UNDER 2 HRS. (Hours) (Min.) 11
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) PRINTER		10b. KIND OF BUSINESS OR INDUSTRY Lithotypographer	
11. BIRTHPLACE (City and State or Foreign Country) BOONE Co. Mo		12. CITIZEN OF WHAT COUNTRY? U.S.A.	
13a. FATHER'S NAME WALTER GREEN		13b. MOTHER'S MAIDEN NAME BETTY SWEENEY	
14. NAME OF HUSBAND OR WIFE Lena Green			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) No		16. SOCIAL SECURITY NO. (If yes, give war or dates of service) 486-01-0494	
17. INFORMANT'S SIGNATURE OR NAME Lena Green		ADDRESS Warsaw	
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) MEDICAL CERTIFICATION			
I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) CARCINOMA OF COLON			INTERVAL BETWEEN ONSET AND DEATH 2 years
*This does not mean the mode of dying, such as heart failure, asthma, etc. It means the disease, injury, or complication which caused death.			
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.			
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 153X	
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)			
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 8 March, 1949 , to 23 June, 1952 , that I last saw the deceased alive on 23 June, 1952 , and that death occurred at 4:00 A.M. , from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) David H. Glenn M.D.		23b. ADDRESS WARSAW Mo	
23c. DATE SIGNED 24 June 52			
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE June 25, 1952	
24c. NAME OF CEMETERY OR CREMATORY Pieriside		24d. LOCATION (City, town, or county) (State) Warsaw, Benton Co. Mo.	
DATE REC'D BY LOCAL REGISTRAR'S SIGNATURE June 25 1952 Jas. A. Logan		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS John F. Reser Warsaw	

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

10-31 6 1988

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 John J. Reser
Licensed Embalmer No. 4098
P. O. Address Warsaw

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.