

**STANDARD CERTIFICATE OF DEATH**  
 THE DIVISION OF HEALTH OF MISSOURI

State File No. **27011**

5. No. 300  
 v. 10. 48

**FILED AUG 25 1952**

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. **1** PRIMARY REG. DIST. NO. **3000** Registrar's No. **292**

<b>1. PLACE OF DEATH</b> a. COUNTY <b>Adair</b>		<b>2. USUAL RESIDENCE</b> (Where deceased lived. If institution: residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Adair</b>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <b>Kirksville</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Community Nursing Home #1</b>		d. STREET ADDRESS (If rural, give location)	

<b>3. NAME OF DECEASED</b> (Type or Print)	a. (First) <b>John</b>	b. (Middle) <b>W.</b>	c. (Last) <b>Green</b>	<b>4. DATE OF DEATH</b> (Month) (Day) (Year) <b>Aug. 18, 1952</b>
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<b>5. SEX</b> <b>Male</b>	<b>6. COLOR OR RACE</b> <b>White</b>	<b>7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED</b> (Specify) <b>Widowed</b>	<b>8. DATE OF BIRTH</b> <b>Aug. 29, 1861</b>	<b>9. AGE</b> (In years last birthday) <b>90</b>	<b>IF UNDER 1 YEAR</b> Months _____ Days _____	<b>IF UNDER 24 HRS.</b> Hours _____ Min. _____
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<b>10a. USUAL OCCUPATION</b> (Give kind of work done during most of working life, even if retired) <b>Rtd. Farmer</b>	<b>10b. KIND OF BUSINESS OR INDUSTRY</b> <b>Rtd. Farmer</b>	<b>11. BIRTHPLACE</b> (State or foreign country) <b>Caldwell County, Tenn /</b>	<b>12. CITIZEN OF WHAT COUNTRY?</b> <b>U.S.A.</b>
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<b>13a. FATHER'S NAME</b> <b>Alfred Green</b>	<b>13b. MOTHER'S MAIDEN NAME</b> <b>Lucinda Hazelwood</b>	<b>14. NAME OF HUSBAND OR WIFE</b> <b>Louisa Keller</b>
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<b>15. WAS DECEASED EVER IN U.S. ARMED FORCES?</b> (Yes, no, or unknown) (If yes, give war or dates of service) <b>No</b>	<b>16. SOCIAL SECURITY NO.</b> <b>None</b>	<b>17. INFORMANT'S SIGNATURE OR NAME</b> <b>Warner Green, Kirkville, Mo.</b>	<b>ADDRESS</b>
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<b>18. CAUSE OF DEATH</b> Enter only one cause per line for (a), (b), and (c)  <i>*This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>	<b>MEDICAL CERTIFICATION</b>		<b>INTERVAL BETWEEN ONSET AND DEATH</b> <b>10 days</b>
	<b>1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH*</b> (a) <b>Cerebral Thrombosis</b>		
	<b>ANTECEDENT CAUSES</b> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last: DUE TO (b) <b>Advanced Arterio-Sclerosis</b> DUE TO (c) <b>Hypertension (Hypertensive Vascular Disease)</b>		
<b>II. OTHER SIGNIFICANT CONDITIONS</b> Conditions contributing to the death but not related to the disease or condition causing death.			

<b>19a. DATE OF OPERATION</b>	<b>19b. MAJOR FINDINGS OF OPERATION</b> <b>332X</b>	<b>20. AUTOPSY?</b> YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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<b>21a. ACCIDENT SUICIDE HOMICIDE</b> (Specify)	<b>21b. PLACE OF INJURY</b> (e.g., in or about home, farm, factory, street, office bldg., etc.)	<b>21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)</b>
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<b>21d. TIME OF INJURY</b> (Month) (Day) (Year) (Hour) _____ m.	<b>21e. INJURY OCCURRED WHILE AT WORK</b> <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	<b>21f. HOW DID INJURY OCCUR?</b>
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**22. I hereby certify that I attended the deceased from Apr 3, 1952, to Apr 18, 1952, that I last saw the deceased alive on Apr 18, 1952, and that death occurred at 12:10 P.M., from the causes and on the date stated above.**

<b>23a. SIGNATURE</b> <b>Clard W. Boone</b>	(Degree or title)	<b>23b. ADDRESS</b> <b>PO 2400 Woburn Kirkville Mo</b>	<b>23c. DATE SIGNED</b> <b>8-18-52</b>
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<b>24a. BURIAL, CREMATION, REMOVAL</b> (Specify) <b>Burial</b>	<b>24b. DATE</b> <b>8/20/52</b>	<b>24c. NAME OF CEMETERY OR CREMATORY</b> <b>Cox Cemetery</b>	<b>24d. LOCATION</b> (City, town, or county) (State) <b>Putnam Co. Mo.</b>
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<b>DATE REC'D BY LOCAL REG.</b> <b>8-20-52</b>	<b>REGISTRAR'S SIGNATURE</b> <b>Kate Lambert</b>	<b>25. FUNERAL DIRECTOR'S SIGNATURE</b> <b>Paul H. ...</b>	<b>ADDRESS</b> <b>Kirkville, Mo.</b>
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(Licensed Embalmer's Statement on Reverse Side)

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

00134

6113  
1)

**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 Keith Collier

Licensed Embalmer No. 3632

P. O. Address Jacksonville, 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.