

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED OCT 25 1952

BIRTH NO. _____ REG. DIST. NO. 185 PRIMARY REG. DIST. NO. 5691 Registrar's No. 12

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

1. PLACE OF DEATH a. COUNTY <u>Linn</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Linn</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Rural Jefferson Township</u>		c. CITY (If outside corporate limits, write RURAL and give township) <u>Brookfield Mo.</u>	
c. LENGTH OF STAY (In this place) _____		d. STREET ADDRESS (If rural, give location) <u>224 C. Wood</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>M-La</u>			

3. NAME OF DECEASED (Type or Print) <u>Beatrice Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Oct 14 1952</u>		
a. (First)	b. (Middle)	c. (Last)	Month	Day	Year

5. SEX <u>Female</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never Married</u>	8. DATE OF BIRTH <u>July 18 1885</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>2</u> Days <u>16</u>	IF UNDER 12 HRS. Hours <u></u> Mins. <u></u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, when if retired) <u>Entered Drug Store Owner</u>		10b. KIND OF BUSINESS OR INDUSTRY _____		11. BIRTHPLACE (City and State or Foreign Country) <u>Brookfield Mo.</u>		12. CITIZEN OF WHAT COUNTRY <u>U.S.A.</u>	
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13a. FATHER'S NAME <u>Charles Green</u>		13b. MOTHER'S MAIDEN NAME <u>Laura Smith</u>		14. NAME OF HUSBAND OR WIFE _____			
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, unknown) (If yes, give war or dates of service) <u>No</u>		16. SOCIAL SECURITY NO. _____		17. INFORMANT'S SIGNATURE OR NAME <u>Chas Green</u>		ADDRESS _____	
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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.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Multiple fractures of both legs, ribs and skull</u>				INTERVAL BETWEEN ONSET AND DEATH <u>Sudden</u>	
		ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.		DUE TO (b) <u>Crushing injury</u>			
				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 _____				20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
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21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>Accident</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office, hotel, etc.) <u>U.S. High. # 36</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>058 LINN MO.</u>	
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21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>Oct. 14 1952 5:30 P.M.</u>		21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Run over by truck when thrown from car by collision</u>	
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22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on Sept 14, 1952, and that death occurred at 5:30 P.M., from the causes and on the date stated above.

23a. SIGNATURE <u>John R. Owen M.D.</u>		(Degree or title)		23b. ADDRESS <u>Brookfield Mo.</u>		23c. DATE SIGNED <u>10-18-52</u>	
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>Oct 17 1952</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Rose Hill Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Brookfield Mo.</u>	
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DATE REC'D BY LOCAL REG. <u>Oct 25 1952</u>		REGISTRAR'S SIGNATURE <u>Chris G. Masterson</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Homer Bowden</u>		ADDRESS <u>Brookfield Mo.</u>	
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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 ^{SE} Homer Borden

Licensed Embalmer No. 3295

P. O. Address Brookfield 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.