

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

2438

State File No. ....

FILED FEB 11 1953

BIRTH NO. \_\_\_\_\_ REG. DIST. NO. 267 PRIMARY REG. DIST. NO. 5900 Registrar's No. 19

1. PLACE OF DEATH a. COUNTY <u>Pemiscot</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Pemiscot</u>	
b. CITY (If outside corporate limits, write RURAL and give township) <u>Broggdoeio</u>	c. LENGTH OF STAY (If in this place) <u>Life</u>	c. CITY (If outside corporate limits, write RURAL and give township) <u>Broggdoeio 1780</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION		d. STREET ADDRESS (If rural, give location) <u>0</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>Carl</u> b. (Middle) <u>Lee</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>2-1-53</u>
5. SEX <u>M</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>12-28-1893</u>
9. AGE (In years last birthday) <u>59</u>		IF UNDER 1 YEAR Months <u>1</u> Days <u>1</u>	IF UNDER 24 HRS. Hours <u>1</u> Min. <u></u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Farmer</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Farm</u>	11. BIRTHPLACE (State or foreign country) <u>Denton Mo</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13. FATHER'S NAME <u>Jack Green</u>	
13b. MOTHER'S MAIDEN NAME <u>Mary Lee Harlow</u>		14. NAME OF HUSBAND OR WIFE <u>Nell Green</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>7955</u>	
17. INFORMANT'S SIGNATURE OR NAME <u>Mrs Nell Green Broggdoeio</u>		ADDRESS <u>...</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, assthenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Died without medical attention</u> ANTECEDENT CAUSES DUE TO (b) <u>Unknown</u> DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.	
18. CAUSE OF DEATH (continued)		19a. DATE OF OPERATION	
19b. MAJOR FINDINGS OF OPERATION		20. AUTOPSY? YES <input type="checkbox"/> NO <input type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>Street</u>	
21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <u>Broggdoeio Pemiscot Mo</u>		21d. TIME OF INJURY (Month) (Day) (Year) (Hour) (Minute) <u></u>	
21e. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <u>Fell dead on Street</u>	
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>St. Isp</u> m., from the causes and on the date stated above.			
23a. SIGNATURE <u>John H. Gorman</u>		23b. ADDRESS <u>...</u>	
23c. DATE SIGNED <u>2-1-53</u>		23d. NAME OF CEMETERY OR CREMATORY <u>St. Isp</u>	
23e. LOCATION (City, town, or county) (State) <u>Steele Mo</u>		23f. NAME OF CEMETERY OR CREMATORY <u>Steele Mo</u>	
24. DATE REC'D BY LOCAL REG. <u>2-5-53</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>John H. Gorman</u>	
25. ADDRESS <u>406 ...</u>		25. ADDRESS <u>Gorman Undert Co Stak Mo</u>	

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

780

(Licensed Embalmer's Statement on Reverse Side)

2-57-53

PEMISCOT COUNTY HEALTH DEPARTMENT  
COURTHOUSE PHONE 79  
CARUTHERSVILLE, MO.

FEB 9 - 1953

FEB 18 1953

FEB 18 1953

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.....

working under my personal supervision.

Student Embalmer No.....

Signed John H. German

Signed.....  
Student Embalmer

Licensed Embalmer No. 4355

P. O. Address Stuyvesant, 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.