No. 300
10.48

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED APR 29 1953

State File No. 16807

BIRTH NO. _____ REG. DIST. NO. 341 PRIMARY REG. DIST. NO. 6175 Registrar's No. 86

050
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1. PLACE OF DEATH
a. COUNTY Sullivan
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Liberty TWP Osgood
c. LENGTH OF STAY (in this place)
d. FULL NAME OF HOSPITAL OR INSTITUTION (If not in hospital or institution, give street address or location) Liberty TWP Osgood

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE Missouri
b. COUNTY Sulivan
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township) Browning, Mo. 1050
d. STREET ADDRESS (If rural, give location) 0

3. NAME OF DECEASED (Type or Print)
a. (First) Robert
b. (Middle) Franklin
c. (Last) Green

4. DATE OF DEATH (Month) April (Day) 20, (Year) 53

5. SEX 0 m
6. COLOR OR RACE W
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Single 0
8. DATE OF BIRTH Aug. 29, 1933
9. AGE (In years at last birthday) 19 — If under 1 year: Months / Days — If under 24 hrs.: Hours / Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Lineman
10b. KIND OF BUSINESS OR INDUSTRY Cons Pub. Serv.
11. BIRTHPLACE (City and State or Foreign Country) Missouri 0
12. CITIZEN OF WHAT COUNTRY?

13a. FATHER'S NAME Max Harland Green.
13b. MOTHER'S MAIDEN NAME Mina Rose Mulford
14. NAME OF HUSBAND OR WIFE

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. 497324298
17. INFORMANT'S SIGNATURE OR NAME Max Harland Green — **ADDRESS** Browning,

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, asthenia, etc. It means the disease, injury, or complication which caused death.

MEDICAL CERTIFICATION

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Electric shock — INTERVAL BETWEEN ONSET AND 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 — E9145 8

Conditions contributing to the death but not related to the disease or condition causing death.

19a. DATE OF OPERATION
19b. MAJOR FINDINGS OF OPERATION 105
20. AUTOPSY? YES ☐ NO ☐

21a. ACCIDENT SUICIDE HOMICIDE (Specify) accident
21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) highway
21c. (CITY, TOWN, OR TOWNSHIP) Osgood / (COUNTY) Sullivan (STATE) Mo.
21d. TIME OF INJURY (Month) April (Day) 20 (Year) 1953 (Hour) 11 a.m.
21e. INJURY OCCURRED WHILE AT WORK ☒ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR? contact established with power line

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 _____ m., from the causes and on the date stated above.*

23a. SIGNATURE Howard Carter (Degree or title) M.D.
23b. ADDRESS Browning, Mo
23c. DATE SIGNED April 22

24a. BURIAL, CREMATION, REMOVAL (Specify) Burial
24b. DATE 4 - 23 - 53
24c. NAME OF CEMETERY OR CREMATORY Jenkins Cem
24d. LOCATION (City, town, or county) Browning, Mo. (State)

DATE REC'D BY LOCAL REG. April 27
REGISTRAR'S SIGNATURE Greta Caldwell 3/8 D
25. FUNERAL DIRECTOR'S SIGNATURE Wade Funeral Home **ADDRESS** Browning, Mo

(Licensed Embalmer's Statement on Reverse Side)

MAY 22 1953

JUN 22 1953

APR 29 1954

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 Gerald I. Wade

Licensed Embalmer No. 4172

P. O. Address Browning

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.