

S. No. 30
V. 10.4

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **21005**

1220
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WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

FILED JUL 8 - 1953 ¹²⁴ ₆₈

BIRTH NO. _____ REG. DIST. NO. **4119** PRIMARY REG. DIST. NO. **4119** Registrar's No. **22**

1. PLACE OF DEATH a. COUNTY Christian		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Mo COUNTY Christian	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Ozark		c. LENGTH OF STAY (in this place) OR TOWN 30yrs	
d. FULL NAME OF HOSPITAL OR INSTITUTION Ozark Mo		d. STREET ADDRESS (If rural, give location) Ozark Mo	
3. NAME OF DECEASED (Type or Print) Roxie Green		4. DATE OF DEATH (Month) (Day) (Year) June 6 1953	
5. SEX F	6. COLOR OR RACE W	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Widowed	8. DATE OF BIRTH April 9, 1875
9. AGE (In years) (Last birthday) 78		IF UNDER 1 YEAR Months 78 Days 0 Hours 0 Mins. 0	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Housekeeper		10b. KIND OF BUSINESS OR INDUSTRY 0	
11. BIRTHPLACE (City and State or Foreign Country) Mo O		12. CITIZEN OF WHAT COUNTRY? U S A	
13a. FATHER'S NAME James W Dryden		13b. MOTHER'S MAIDEN NAME Ollie Ray	
14. NAME OF HUSBAND OR WIFE Dick Dryden, Nixa Mo		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO. 0		17. INFORMANT'S SIGNATURE OR NAME Dick Dryden, Nixa Mo	
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) Cerebral Hemorrhage ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) Hypertension 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 checked="" type="checkbox"/>		331X	
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 6-4 , 19 53 , to 6-6 , 19 53 , that I last saw the deceased alive on June 6 , 19 53 , and that death occurred at 8 1/2 m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) R. R. Parthing, M.D.		23b. ADDRESS Ozark Mo	
23c. DATE SIGNED 6-10-53		24a. BURIAL, CREMATION, REMOVAL (Specify) Burial	
24b. DATE June, 9th, 53		24c. NAME OF CEMETERY OR CREMATORY Ozark	
24d. LOCATION (City, town, or county) (State) Ozark, Mo Christian		25. FUNERAL DIRECTOR'S SIGNATURE T. B. Chaffin	
DATE RECD BY LOCAL REG. July 1 - 1953		REGISTRAR'S SIGNATURE Loretta Leonard	
ADDRESS Ozark Mo		ADDRESS Ozark Mo	

(Licensed Embalmer's Statement on Reverse Side)

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 T. B. Chaffin

Licensed Embalmer No. 2193

P. O. Address Ozark, 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.