

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

25689

State File No.

FILED AUG 1 1953

BIRTH NO.		REG. DIST. NO. <u>212</u>		PRIMARY REG. DIST. NO. <u>3044</u>		Registrar's No. <u>34</u>			
1. PLACE OF DEATH a. COUNTY <u>MILLER</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>MILLER</u>					
b. CITY OR TOWN <u>ELDON</u>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <u>ELDON</u>		0661			
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>E. 15th ST.</u>				d. STREET ADDRESS (If rural, give location) <u>E 15th ST.</u>					
3. NAME OF DECEASED (Type or Print) a. (First) <u>WILLIAM</u>			b. (Middle) <u>HENRY</u>			c. (Last) <u>GREEN</u>			
4. DATE OF DEATH (Month) (Day) (Year) <u>JULY 24 1953</u>		5. SEX <u>M</u>		6. COLOR OR RACE <u>W</u>		7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>MARRIED</u>			
8. DATE OF BIRTH <u>JAN. 15 1879</u>		9. AGE (In years last birthday) <u>74</u>		10. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>RAIL ROAD CONDUCTOR</u>		11. BIRTHPLACE (State or foreign country) <u>Mo.</u>			
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>ARRON GREEN</u>		13b. MOTHER'S MAIDEN NAME <u>MARY CARTER</u>		14. NAME OF HUSBAND OR WIFE <u>CLARA GREEN</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>NO</u>		16. SOCIAL SECURITY NO. <u>708-14-3573</u>		17. INFORMANT'S SIGNATURE OR NAME <u>Mrs W.H. Green</u>		ADDRESS <u>ELDON Mo</u>			
18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c) *This does not mean mode of dying, such as asphyxiation, asphyxia, suffocation, etc. It means the disease, injury, or complication which caused death.				MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary occlusion</u>				INTERVAL BETWEEN ONSET AND DEATH <u>24 hours</u>	
				ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Advanced arteriosclerosis</u>				15 years	
				DUE TO (c) <u>Previous myocardial infarct</u>				6 mos.	
19. DATE OF OPERATION				19b. MAJOR FINDINGS OF OPERATION				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
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 <u>July 18 53</u> to <u>July 24 1953</u> , that I last saw the deceased alive on <u>July 24, 1953</u> and that death occurred at <u>1:00 a.m.</u> , from the causes and on the date stated above.									
23a. SIGNATURE <u>Jack Green</u>				23b. ADDRESS <u>Verona, Mo.</u>		23c. DATE SIGNED <u>7.24.53</u>			
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>JULY 26/53</u>		24c. NAME OF CEMETERY OR CREMATORY <u>ELDON</u>		24d. LOCATION (City, town, or county) (State) <u>ELDON Mo.</u>			
DATE REC'D BY LOCAL REG. <u>July 25 53</u>		REGISTRAR'S SIGNATURE <u>Alveretta Walth</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Louis A. Sullivan</u>		ADDRESS <u>Eldon</u>			

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

Cold weather Aug 1 1953

6661

RECEIVED

JUL 28 1958

MILLER COUNTY HEALTH
DEPARTMENT

REC'D
JUL 28 1958

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 Ernest L. Young

Licensed Embalmer No. 47P5

P. O. Address Eldon, 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.

The Division of Health of Missouri

BUREAU OF VITAL STATISTICS

State File No. 25689

State of Mo. }
County of Miller } ss.

AFFIDAVIT FOR CORRECTION OF A RECORD Local Registrar's No. 34

On this 17 day of August, 1953, before me appears Louis P. Phelps

who, upon his oath, states that the original record of ~~birth~~ death
for ~~Wm~~ Harry Green, died ~~born~~ July 24, 1953 in the State of
Missouri, and which was filed at Eldon on July 25, 1953 should be corrected as follows:

Item No. 3 should read WILLIAM HARRY GREEN

Instead of

Item No. should read

Instead of

The above is true to the best of my knowledge, information and belief.

(SEAL)

Affiant Louis P. Phelps
Relationship. wife

Present Address.

Subscribed and sworn to before me this 17th day of August, 1953

My Commission expires September 13, 1953
Betsy Lou Chapman Notary Public.

Affidavits containing erasures will not be accepted; draw one line through error and write above it.

