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

FILED NOV 12 1953

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

740

State File No. 36241

BIRTH NO. _____ REG. DIST. NO. 156 PRIMARY REG. DIST. NO. 2001 Registrar's No. 1496

1. PLACE OF DEATH
a. COUNTY: JASPER
b. CITY OR TOWN (If outside corporate limits, write RURAL and give township): JOPLIN
c. LENGTH OF STAY (in this place):
d. FULL NAME OF HOSPITAL OR INSTITUTION: Kansas City Southern R.R. Track 1/4 mi. N.W. of North Main Viaduct

2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission).
a. STATE: Missouri
b. COUNTY: NEWTON
c. CITY OR TOWN (If outside corporate limits, write RURAL and give township): NEOSHO
d. STREET ADDRESS (If rural, give location): RFD #3

3. NAME OF DECEASED (Type or Print): a. (First) RUFUS b. (Middle) H. c. (Last) GREEN

4. DATE OF DEATH: (Month) SEPT (Day) 27 (Year) 1953

5. SEX: MALE
6. COLOR OR RACE: WHITE
7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify): MARRIED
8. DATE OF BIRTH: MAR 16, 1895
9. AGE (In years last birthday): 58 — 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): RAILROAD
10b. KIND OF BUSINESS OR INDUSTRY: TRANSPORTATION
11. BIRTHPLACE (State or foreign country): NEWTON Co., KAN
12. CITIZEN OF WHAT COUNTRY? U.S.A

13a. FATHER'S NAME: R.B. GREEN
13b. MOTHER'S MAIDEN NAME: MALISSA REDDICK
14. NAME OF HUSBAND OR WIFE: AGNES GREEN

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown): NO (If yes, give war or dates of service): —
16. SOCIAL SECURITY NO.: 500-05-8099
17. INFORMANT'S SIGNATURE OR NAME: AGNES GREEN ADDRESS: NEOSHO, Mo

MEDICAL CERTIFICATION

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.

I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Acute coronary occlusion

ANTECEDENT CAUSES — *Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.*
DUE TO (b) Being dragged by grasping hand iron of
DUE TO (c) of moving caboose on K. C. Southern freight train.

II. OTHER SIGNIFICANT CONDITIONS — *Conditions contributing to the death but not related to the disease or condition causing death.*

INTERVAL BETWEEN ONSET AND DEATH:

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

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) m.
21e. INJURY OCCURRED: WHILE AT WORK ☐ NOT WHILE AT WORK ☐
21f. HOW DID INJURY OCCUR?

22. *I hereby certify that I attended the deceased from* did not attend 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: Wm Lewis M.D. Coroner Jasper County (Degree or title)
23b. ADDRESS: State Nat'l Bldg.
23c. DATE SIGNED:

24a. BURIAL, CREMATION, REMOVAL (Specify): BURIAL
24b. DATE: OCT. 1 1953
24c. NAME OF CEMETERY OR CREMATORY: HAZEL GREEN CEM.
24d. LOCATION (City, town, or county) (State): NEWTON Co. MO

DATE REC'D BY LOCAL REG.: 11-5-53
REGISTRAR'S SIGNATURE: Bd Janney 137 by Dolores Lampkins
25. FUNERAL DIRECTOR'S SIGNATURE: CLARK BIGHAM ADDRESS: NEOSHO

(Licensed Embalmer's Statement on Reverse Side)

RECEIVED NOV 9 1953
Jasper County Health Office
County File Number 53-11-894
Date Filed NOV 9 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 .....

..... Student Embalmer No. .....

working under my personal supervision.

Student .....
Student Embalmer

Signed Dale Flow

Licensed Embalmer No. 4593

P. O. Address Joplin Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.