

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

43864

State File No.

FILED JAN 5 1954

BIRTH NO. _____ REG. DIST. NO. 275 PRIMARY REG. DIST. NO. 3053 Registrar's No. 258

1. PLACE OF DEATH a. COUNTY <u>Phelps</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Phelps</u>	
b. CITY (If outside corporate limits, write RURAL and give town OR TOWN <u>Rolla</u>)		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Rolla</u>	
c. LENGTH OF STAY (in this place)		d. STREET ADDRESS (If rural, give location) <u>6th and Elm Sts</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Phelps County Hospital</u>			

3. NAME OF DECEASED (Type or Print)	a. (First) <u>PRESTON</u>	b. (Middle) <u>P.</u>	c. (Last) <u>GREEN</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>Dec. 18, 1953</u>
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5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>widowed</u>	8. DATE OF BIRTH <u>January 7, 1886</u>	9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Accountant</u>	10b. KIND OF BUSINESS OR INDUSTRY <u>Auditor Service</u>	11. BIRTHPLACE (State or foreign country) <u>Strong City, Kansas</u>	12. CITIZEN OF WHAT COUNTRY? <u>U. S. A.</u>
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13a. FATHER'S NAME <u>McQueller Green</u>	13b. MOTHER'S MAIDEN NAME <u>Sarah Braden</u>	14. NAME OF HUSBAND OR WIFE <u>Ethel E. Conway Green</u>
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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>497-09-9215</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Mrs. Eleanor Ross, Calif. California</u>	ADDRESS _____
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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, asphyxia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH <u>6 weeks</u>
	I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>uremia</u>		
	ANTECEDENT CAUSES DUE TO (b) _____ DUE TO (c) _____		
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Diabetes mellitus, atherosclerotic heart + vascular disease, chr. pyelonephritis.</u>			

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION _____	20. AUTOPSY? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from 10 years, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at 8:45 A.M., from the causes and on the date stated above.

23a. SIGNATURE <u>E. E. Feind M.D.</u>	(Degree or title) <u>M.D.</u>	23b. ADDRESS <u>Rolla, Mo.</u>	23c. DATE SIGNED <u>12-23-53</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Dec. 20, 1953</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Rolla</u>	24d. LOCATION (City, town, or county) (State) <u>Rolla, Missouri</u>
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DATE REC'D BY LOCAL REG. <u>Dec. 28, 1953</u>	REGISTRAR'S SIGNATURE <u>Nadine L. Stoll</u>	25. FUNERAL DIRECTOR'S SIGNATURE <u>W. H. Hallow</u>	ADDRESS <u>1100 Elm St., Rolla, Mo.</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

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County File Number _____
Date Filed 1-3-54

MAR 3 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 Bill L. Shackelford

Licensed Embalmer No. 48159

P. O. Address Ralla

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.