

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. **9507**

FILED APR 5 1954

BIRTH NO. _____ REG. DIST. NO. **248** PRIMARY REG. DIST. NO. **5844** Registrar's No. _____

1. PLACE OF DEATH a. COUNTY Newton		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE Missouri b. COUNTY Newton	
b. CITY (If outside corporate limits, write RURAL and give township) Rural, Seneca		c. CITY (If outside corporate limits, write RURAL and give township) Rural, Seneca	
d. FULL NAME OF HOSPITAL OR INSTITUTION 4 mi. no. of Seneca		d. STREET ADDRESS (If rural, give location) 4 mi. no. of Seneca	

3. NAME OF DECEASED (Type or Print) a. (First) Thomas b. (Middle) Hubert c. (Last) Green			4. DATE OF DEATH (Month) (Day) (Year) March 21, 1954		
5. SEX Male	6. COLOR OR RACE White	7. MARRIED NEVER MARRIED, WIDOWED, DIVORCED (Specify) never married	8. DATE OF BIRTH May 27, 1953		9. AGE (In years last birthday) 9 <small>Months 22 Days 22 Hours Mins. </small>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Child		10b. KIND OF BUSINESS OR INDUSTRY 		11. BIRTHPLACE (State or foreign country) Oklahoma	
12. CITIZEN OF WHAT COUNTRY? U.S.A.					

13a. FATHER'S NAME Norman Green		13b. MOTHER'S MAIDEN NAME Mary Lou Belmont		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) No		16. SOCIAL SECURITY NO. 		17. INFORMANT'S SIGNATURE OR NAME Norman Green, Seneca, Mo. ADDRESS 	

18. CAUSE OF DEATH Enter only one cause per line for (a), (b), and (c)		MEDICAL CERTIFICATION		INTERVAL BETWEEN ONSET AND DEATH 9 months	
<p>*This does not mean the mode of dying, such as heart failure, athermia, etc. It means the disease, injury, or complication which caused death.</p>		I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Chronic congestive heart failure			
		ANTECEDENT CAUSES			
		DUE TO (b) Congenital malformation of heart 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 7593		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 **Sept 2, 1953** to **Mar. 21, 1954**, that I last saw the deceased alive on **Mar 19, 1954** and that death occurred at **11:30 P. M.**, from the causes and on the date stated above.

23a. SIGNATURE John B. Roberts D.O. (Degree or title)		23b. ADDRESS Seneca, Mo.		23c. DATE SIGNED 3/22/54	
24a. BURIAL, CREMATION, REMOVAL (Specify) Burial		24b. DATE 3-25-54		24c. NAME OF CEMETERY OR CREMATORY Seneca Cem.	
24d. LOCATION (City, town, or county) Seneca		24e. (State) Mo.			
DATE REC'D BY LOCAL REG. 3-23-54		REGISTRAR'S SIGNATURE Mrs. Irene Russell		25. FUNERAL DIRECTOR'S SIGNATURE W. E. Williams ADDRESS Seneca Mo	

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

RECEIVED

NEWTON COUNTY HEALTH UNIT

District Health Officer No. _____

District File Number 454-51

Date Filed APR 2 1954

NEOSHO, MISSOURI

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 W. E. Addecom

Licensed Embalmer No. 2174

P. O. Address Seneca 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.