

No. 300
10.48
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FILED JUN 2 1954

STANDARD CERTIFICATE OF DEATH

State File No. 16492

BIRTH NO. _____		REG. DIST. NO. <u>170</u>		PRIMARY REG. DIST. NO. <u>5626</u>		Registrar's No. <u>89</u>		
1. PLACE OF DEATH a. COUNTY <u>Laclede</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission) a. STATE <u>Missouri</u> b. COUNTY <u>Laclede</u>				
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Eldridge T.S.</u>		c. LENGTH OF STAY (in this place) <u>6 years</u>		c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL Eldridge T.S.</u>		<u>0530</u>		
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>Eldridge, Missouri</u>				d. STREET ADDRESS (If rural, give location) <u>Eldridge, Mo.</u>				
3. NAME OF DECEASED (Type or Print) a. (First) <u>Elbert</u> b. (Middle) <u>Ray</u> c. (Last) <u>Green</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>May 18, 1954</u>					
5. SEX <u>Male</u>	6. COLOR OR RACE <u>White</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Married</u>	8. DATE OF BIRTH <u>Jan. 13, 1890</u>		9. AGE (In years, birthday) <u>64</u>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Mins. _____	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Mechanic</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>Automotive</u>		11. BIRTHPLACE (State or foreign country) <u>Sterling, Ill.</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>		
13a. FATHER'S NAME <u>William Green</u>			13b. MOTHER'S MAIDEN NAME <u>Melissa Ingeline</u>		14. NAME OF HUSBAND OR WIFE <u>Millie A. Green</u>			
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>487-24-0482</u>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Harold Green Kansas City, Mo.</u>				
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, ashenia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Heart attack</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>arteriosclerosis</u> DUE TO (c) _____ II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Lifting 100 lb. Feed Sacks.</u>					INTERVAL BETWEEN ONSET AND DEATH <u>None</u> <u>None</u>	
19a. DATE OF OPERATION <u>None</u>		19b. MAJOR FINDINGS OF OPERATION <u>4343</u>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>None</u>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <u>None</u>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE)				
21d. TIME OF INJURY (Month) (Day) (Year) (Hour) <u>None</u>		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 _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <u>3:00P</u> m., from the causes and on the date stated above.								
23a. SIGNATURE <u>L. R. Palmer Jr.</u>				23b. ADDRESS <u>Sehannon, Mo.</u>		23c. DATE SIGNED <u>5-21-54</u>		
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>		24b. DATE <u>5-21-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Ira Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Ira, Missouri</u>			
DATE REC'D BY LOCAL REG. <u>5-27-1954</u>		REGISTRAR'S SIGNATURE <u>Melissa L. Gray</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>L. R. Palmer Jr.</u>		ADDRESS <u>Sehannon</u>		

(Licensed Embalmer's Statement on Reverse Side)

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

MAY 29 1954

Received _____
Laclede County Health Unit
File No. 6-54-88
Date Filed JUN 1 1954

STATEMENT BY LICENSED EMBALMER Laclede County Health Unit

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me or by a

File No. _____
Date Filed _____
Student Embalmer No. _____

working under my personal supervision.

Student
Student Embalmer

Signed Stanley B. Palina
Licensed Embalmer No. 4810
P. O. Address Shannon, 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.