

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **28517**

No. 300  
10. 48

**FILED SEP 15 1954**

BIRTH NO. _____		REG. DIST. NO. <b>275</b>		PRIMARY REG. DIST. NO. <b>3053</b>		Registrar's No. <b>168</b>	
1. PLACE OF DEATH a. COUNTY <b>Keosau</b>				2. USUAL RESIDENCE (Where deceased lived, if institution; residence before institution) a. STATE <b>Mo.</b> b. COUNTY <b>Rawlins</b>			
b. CITY OR TOWN <b>Rolla</b>		c. LENGTH OF STAY (in this place) _____		c. CITY (If outside corporate limits, write RURAL and give township) <b>Bonville</b>		d. STREET ADDRESS (If rural, give location) <b>R.R. #1</b>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Rolla P. Mem. Hosp.</b>				d. STREET ADDRESS (If rural, give location) <b>0280</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Walter</b> b. (Middle) <b>Robert</b> c. (Last) <b>Green</b>			4. DATE OF DEATH (Month) (Day) (Year) <b>Sept-7-1954</b>				
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Married</b>	8. DATE OF BIRTH <b>3-1-1896</b>		9. AGE (In years last birthday) <b>58</b>	IF UNDER 1 YEAR Months <b>6</b> Days <b>2</b>	IF UNDER 2 HRS. Hours <b>0</b> Min. <b>0</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Hardware &amp; Chain Business</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Hardware Co.</b>		11. BIRTHPLACE (State or foreign country) <b>Wayne County, Missouri</b>		12. CITIZEN OF WHAT COUNTRY? <b>U.S.A.</b>	
13a. FATHER'S NAME <b>Jim Green</b>		13b. MOTHER'S MAIDEN NAME <b>Mary Evelyn Huttmann</b>		14. NAME OF HUSBAND OR WIFE <b>Grace</b>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) <b>Yes</b>		16. SOCIAL SECURITY NO. <b>44-1</b>		17. INFORMANT'S SIGNATURE OR NAME <b>Mrs. Marie Perival</b> ADDRESS <b>4012 West 75th St., Shawnee Village 15, Kansas</b>			
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>CARDIAC ARREST, ACUTE</b>  ANTECEDENT CAUSES  Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last.  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. <b>4343</b>					INTERVAL BETWEEN ONSET AND DEATH <b>30 MIN</b>	
19a. DATE OF OPERATION <b>9-7-54</b>		19b. MAJOR FINDINGS OF OPERATION <b>RIGHT DIRECT INGUINAL HERNIA</b>				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 <b>AUG 6</b> , 19 <b>52</b> , to <b>SEPT 7</b> , 19 <b>54</b> , that I last saw the deceased alive on <b>SEPT 7</b> , 19 <b>54</b> , and that death occurred at <b>10:10 A.M.</b> , from the causes and on the date stated above.							
23a. SIGNATURE <b>Richard T. Woodin</b> (Degree of title) _____				23b. ADDRESS <b>Bonville, Mo.</b>		23c. DATE SIGNED <b>Sept. 8, 1954</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>		24b. DATE <b>9-9-1954</b>		24c. NAME OF CEMETERY OR CREMATORY <b>Valhalla Cemetery</b>		24d. LOCATION (City, town, or county) (State) <b>St. Louis County, Mo.</b>	
DATE REC'D BY LOCAL REG. <b>Sept 8, 1954</b>		REGISTRAR'S SIGNATURE <b>Nadine L. Stoll</b>		25. FUNERAL DIRECTOR'S SIGNATURE <b>Paul C. Shambler</b> ADDRESS <b>Guth, Mo.</b>			

(Licensed Embalmer's Statement on Reverse Side)

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

County File Number \_\_\_\_\_  
Date Filed **SEP 12 1954**

JAN 12 1954

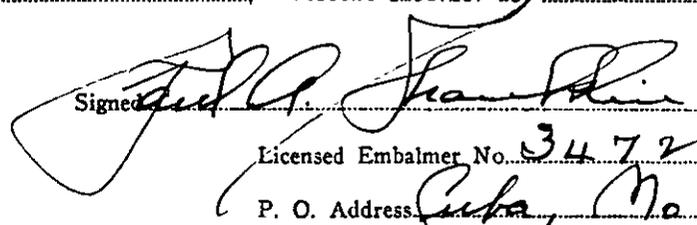
SEP 15 1954

**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   
Licensed Embalmer No. 3472  
P. O. Address Cuba, 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.