

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

32814

State File No. 67

FILED SEP 20 1954

No. 300
10. 48

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

BIRTH NO. _____		REG. DIST. NO. <u>381</u>		PRIMARY REG. DIST. NO. <u>4515</u> Registrar's No. _____	
1. PLACE OF DEATH a. COUNTY <u>Sullivan</u>			2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo</u> b. COUNTY <u>Sullivan</u>		
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		c. LENGTH OF STAY (In this place)	c. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Milan</u>		1050
d. FULL NAME OF HOSPITAL OR INSTITUTION			d. STREET ADDRESS (If rural, give location)		
3. NAME OF DECEASED (Type or Print) a. (First) <u>Leiland</u>		b. (Middle) <u>David</u>	c. (Last) <u>Green</u>	4. DATE OF DEATH (Month) (Day) (Year) <u>9 8 54</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>1-16-1890</u>	9. AGE (In years last birthday) <u>64</u>	if UNDER 1 YEAR Months Days <u>7 22</u> if UNDER 10 HRS. Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Retired R.R. Brakeman</u>		10b. KIND OF BUSINESS OR INDUSTRY	11. BIRTHPLACE (City and State or Foreign Country) <u>Spickard- Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>US</u>
13a. FATHER'S NAME <u>Wm Green</u>		13b. MOTHER'S MAIDEN NAME <u>Mary A Haney</u>		14. NAME OF HUSBAND OR WIFE <u>Hazel R Smith</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. _____	17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Josephine Reece Milan 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, asthma, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Cerebral Hemorrhage</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Cerebral Hemorrhage</u> DUE TO (c) <u>Hypertension</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>tuberculosis, Left Lung</u>				INTERVAL BETWEEN ONSET AND DEATH <u>5 da</u> <u>8 yrs.</u> <u>8 yrs ago</u> <u>3 yrs</u>
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION <u>331X</u>			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) m.	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 <u>Sept. 8, 1954</u> , that I last saw the deceased alive on <u>Sept. 8, 1954</u> , and that death occurred at <u>10:45</u> m., from the causes and on the date stated above.					
23a. SIGNATURE <u>Ed Simpson</u> (Degree or title)		23b. ADDRESS <u>Milan, Mo</u>		23c. DATE SIGNED <u>9-9-54</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>9-10-54</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Oakwood Cem</u>	24d. LOCATION (City, town, or county) (State) <u>Milan Mo</u>		
DATE REC'D BY LOCAL REG. <u>9-17-1954</u>	REGISTRAR'S SIGNATURE <u>Maas. H. B. Harris</u> 320-0	25. FUNERAL DIRECTOR'S SIGNATURE <u>Scroggins</u>	ADDRESS <u>Milan Mo</u>		

(Licensed Embalmer's Statement on Reverse Side)

OCT 8 1954

OCT 8 8 1954

OCT 6 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 Dwight Schaefer

Licensed Embalmer No. 2667

P. O. Address Milan - 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.