

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

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

FILED DEC 7 1954

State File No. 39861

BIRTH NO. _____		REG. DIST. NO. <u>337</u>		PRIMARY REG. DIST. NO. <u>641</u>		Registrar's No. <u>76</u>	
1. PLACE OF DEATH a. COUNTY <u>Shelby</u>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Shelby</u>			
b. CITY OR TOWN <u>Rural - Jackson Twp</u>		c. LENGTH OF STAY (in this place) <u>Life</u>		c. CITY OR TOWN <u>Rural - Jackson Twp</u>		d. STREET ADDRESS (If rural, give location) <u>1020</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION. <input checked="" type="checkbox"/>							
3. NAME OF DECEASED (Type or Print) a. (First) <u>JAMES</u> b. (Middle) <u>ERNEST</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>Nov - 16 - 1954</u>				
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>June 21 - 1887</u>		9. AGE (In years last birthday) <u>67</u>	IF UNDER 1 YEAR Months <u>4</u> Days <u>5</u>	IF UNDER 1 HR. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)		10b. KIND OF BUSINESS OR INDUSTRY <u>Farming</u>		11. BIRTHPLACE (State or foreign country) <u>Monroe County Mo</u>		12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>	
13a. FATHER'S NAME <u>James J. Green</u>		13b. MOTHER'S MAIDEN NAME <u>Pamela Tuttle</u>		14. NAME OF HUSBAND OR WIFE <u>Ella Green</u>			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service)		16. SOCIAL SECURITY NO. <input checked="" type="checkbox"/>		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <u>Mrs. Pearl Burnett Emden 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, asthenia, etc. It means the disease, injury, or complication which caused death.	MEDICAL CERTIFICATION 1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>CANCER of the prostate + bladder</u> ANTECEDENT CAUSES <u>Wide Metastases Throughout the ABDOMINAL AREA</u> Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____ 2. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.					INTERVAL BETWEEN ONSET AND DEATH <u>2 years</u> <u>1 year</u>	
19a. DATE OF OPERATION	19b. MAJOR FINDINGS OF OPERATION					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) <u>177 X</u>			
21d. TIME OF INJURY. (Month) (Day) (Year) (Hour) (Min.)		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 <u>Feb 31, 1954</u> , to <u>Nov 16, 1954</u> , that I last saw the deceased alive on <u>Nov 12, 1954</u> , and that death occurred at <u>10 P. m.</u> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <u>Howard H. Dutton D.O.</u>				23b. ADDRESS <u>Bethel Mo</u>		23c. DATE SIGNED <u>Nov 29 1954</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>Nov-18-1954</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Emden Cemetery</u>		24d. LOCATION (City, town, or county) (State) <u>Emden Mo</u>			
DATE REC'D BY LOCAL REG. <u>12-1-54</u>	REGISTRAR'S SIGNATURE <u>Ada Garrison</u> 419			25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <u>E.P. Thompson Shelbyville Mo</u>			

(Licensed Embalmer's Statement on Reverse Side)

DEC 10 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.....

my self

working under my personal supervision.

Student Embalmer No.....

Signed.....
Student Embalmer

Signed.....

E. P. Thompson

Licensed Embalmer No. *1632*

P. O. Address *Shelbyville Mo*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.