

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 1791

No. 300
10. 48

FILED JAN 31 1955

BIRTH NO. _____ REG. DIST. NO. 212 PRIMARY REG. DIST. NO. 5779 Registrar's No. 4

1. PLACE OF DEATH a. COUNTY <u>MILLER</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>MISSOURI</u> b. COUNTY <u>MILLER</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>RURAL - FRANKLIN</u>		c. LENGTH OF STAY (In this place) <u>13 YRS</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>3mi-So- ELdon</u>		d. STREET ADDRESS (If rural, give location) <u>3mi-So- ELdon</u>	

3. NAME OF DECEASED (Type or Print) a. (First) <u>Andrew</u> b. (Middle) <u>JACKSON</u> c. (Last) <u>GREEN</u>			4. DATE OF DEATH (Month) (Day) (Year) <u>JAN 10 1955</u>		
5. SEX <u>MALE</u>		6. COLOR OR RACE <u>White</u>		7. MARRIAGE STATUS (Specify) <u>MARRIED</u>	
8. DATE OF BIRTH <u>15 JAN 1870</u>		9. AGE (Years) (Months) (Days) (Hours) (Min.) <u>84</u>		10. KIND OF BUSINESS OR INDUSTRY <u>Gen-FARMING</u>	
11. BIRTHPLACE (State or foreign country) <u>Colo-Co-Mo</u>		12. CITIZENSHIP OF WHAT COUNTRY <u>USA</u>		13. FATHER'S NAME	

13a. FATHER'S NAME		13b. MOTHER'S MAIDEN NAME <u>SARRAH-GREEN</u>		14. NAME OF HUSBAND OR WIFE <u>SARRAH-GREEN</u>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no or unknown) (If yes, give way or dates of service) <u>NO</u>		16. SOCIAL SECURITY NO. <u>NONE</u>		17. INFORMANT'S SIGNATURE OR NAME <u>SARRAH-GREEN</u> ADDRESS <u>ELdon 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, asphyxia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Uremia</u> ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Chronic nephritis and</u> DUE TO (c) <u>Congestive heart-failure</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				INTERVAL BETWEEN ONSET AND DEATH <u>5 days</u>	
---	--	--	--	--	--	--	--

19a. DATE OF OPERATION <u>NONE</u>		19b. MAJOR FINDINGS OF OPERATION <u>NONE</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>✓</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) <u>NONE</u>	
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? <u>NONE</u>	

22. I hereby certify that I attended the deceased from 12/17/54, 1954, to 1/10/55, 1955, that I last saw the deceased alive on 1/10/55, 1955, and that death occurred at 2:25 A m., from the causes and on the date stated above.

23a. SIGNATURE <u>Robt. E. Murrell</u> (Degree or title) <u>D.O.</u>		23b. ADDRESS <u>ELdon Mo</u>		23c. DATE SIGNED <u>10 JAN-55</u>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <u>BURIAL</u>		24b. DATE <u>11 JAN 55</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Dooley</u>	
24d. LOCATION (City, town, or county) (State) <u>MILLER Co Mo</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u>		ADDRESS <u>ELdon Mo</u>	
DATE REC'D BY LOCAL REG. <u>Jan. 10, 55</u>		REGISTRAR'S SIGNATURE <u>Edw. W. Dalt</u> 192-0		25. FUNERAL DIRECTOR'S SIGNATURE <u>Keith M. Kays</u>	

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

660
1

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

Keith M. Kays

Licensed Embalmer (No. *3998*)

P. O. Address *Eldon 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.