

BIRTH NO. _____		REG. DIST. NO. <b>294</b>		PRIMARY REG. DIST. NO. <del>3057</del>		Registrar's No. <b>24</b>	
1. PLACE OF DEATH a. COUNTY <b>Randolph</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Missouri</b> b. COUNTY <b>Randolph</b>			
b. CITY (If outside corporate limits, write RURAL and give town) <b>Rural, Union</b>		c. LENGTH OF STAY (In this place)		c. CITY OR TOWN <b>Rural</b>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>/</b>				STREET ADDRESS (If rural, give location) <b>Union 0880</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Charles</b>		b. (Middle) <b>W</b>		c. (Last) <b>Green</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Jan 16 1955</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>Aug 4 1886</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Judge</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>Horseshoes</b>		11. BIRTHPLACE (City and State or Foreign Country) <b>Mo</b>		12. CITIZEN OF WHAT COUNTRY?	
13a. FATHER'S NAME <b>Willard H. Green</b>		13b. MOTHER'S MAIDEN NAME <b>Lucy A. Settle</b>		14. NAME OF HUSBAND OR WIFE <b>Mary</b>			
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.		17. INFORMANT'S SIGNATURE OR NAME ADDRESS <b>Mrs Mary Green, RFD3, Moberly</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, asthma, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH (a) <b>Arteriosclerosis of the Brain</b> ANTECEDENT CAUSES Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <b>with metastases</b> DUE TO (c) II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <b>193 X</b>				INTERVAL BETWEEN ONSET AND DEATH <b>6 mo</b>	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION <b>Malignant tumor of brain operated on Aug. '54</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify)		21b. PLACE OF INJURY (e.g., Inpt 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>1946</b> , to <b>Jan 16, 1955</b> , that I last saw the deceased alive on <b>Jan 14, 1955</b> , and that death occurred at <b>3:30 A.M.</b> from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Will Allen</b>				23b. ADDRESS <b>Moberly, Mo</b>		23c. DATE SIGNED <b>Jan 16 '55</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>BURIAL</b>		24b. DATE <b>1-18-55</b>		24c. NAME OF CEMETERY OR CREMATORY <b>City</b>		24d. LOCATION (City, town, or county) (State) <b>Centralia, Mo</b>	
DATE REC'D BY LOCAL REG. <b>1-18-55</b>		REGISTRAR'S SIGNATURE <b>Earl W. Lowe</b>		25. FUNERAL DIRECTOR'S SIGNATURE ADDRESS <b>Mahon and Son, Moberly, Mo</b>			

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

NOV 27 1957

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.....  
Signature of Student Embalmer

Signed *Frank D. Witt*.....

Licensed Embalmer No...3026

P. O. Address...Mobility...

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 embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.