

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATHState File No. **5717**

FILED MAR 15 1955

BIRTH NO.		REG. DIST. NO. 267		PRIMARY REG. DIST. NO. 3049		Registrar's No. 49	
1. PLACE OF DEATH a. COUNTY Pemissot 07810				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). b. STATE Missouri b. COUNTY Pemissot			
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN Hayti		c. LENGTH OF STAY (in this place) 1 day		c. CITY OR TOWN Jay Wye.		d. Is Residence within limits of city or incorporated town? Yes <input type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION Memorial Hospital				STREET ADDRESS (If rural, give location) 0780			
3. NAME OF DECEASED (Type or Print) a. (First) Bill b. (Middle) OTIS c. (Last) GREEN			4. DATE OF DEATH (Month) (Day) (Year) Feb. 7, 1955				
5. SEX Male	6. COLOR OR RACE White	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) Never Married	8. DATE OF BIRTH June 6, 1903		9. AGE (In years last birthday) 51	IF UNDER 1 YEAR Months Days	IF UNDER 24 HRS. Hours Min.
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Farming		10b. KIND OF BUSINESS OR INDUSTRY Farming		11. BIRTHPLACE (City and State or Foreign Country) Missouri		12. CITIZEN OF WHAT COUNTRY? U. S. A.	
13a. FATHER'S NAME Jesse R. Green		13b. MOTHER'S MAIDEN NAME Lily Brown		14. NAME OF HUSBAND OR WIFE —			
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) no		16. SOCIAL SECURITY NO. 489-30-9620		17. INFORMANT'S SIGNATURE OR NAME ADDRESS Linus Green, Jay Wye, Missouri			
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, asphensia, etc. It means the disease, injury, or complication which caused death.		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) Coronary Occlusion 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.				INTERVAL BETWEEN ONSET AND DEATH 1 day	
19a. DATE OF OPERATION		19b. MAJOR FINDINGS OF OPERATION 4201				20. AUTOPSY? YES <input type="checkbox"/> NO <input 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) Portageville New Madrid Mo.			
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 7 Feb, 1955 , to 7 Feb, 1955 , that I last saw the deceased alive on 7 Feb, 1955 , and that death occurred at 11:30 p.m. , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) A. B. Painter Jr. M.D.				23b. ADDRESS Portageville, Mo		23c. DATE SIGNED 2-21-55	
24a. BURIAL, CREMATION REMOVAL (Specify) Burial		24b. DATE 2/9/55	24c. NAME OF CEMETERY OR CREMATORY Cato Cemetery		24d. LOCATION (City, town, or county) (State) Ballingrass Co. Missouri		
DATE REC'D BY LOCAL REG. 2-24-55		REGISTRAR'S SIGNATURE John W. Herman		25. FUNERAL DIRECTOR'S SIGNATURE Mr. Lloyd S. Morgan Sr.		ADDRESS A. L. L. L.	

(Licensed Embalmer's Statement on Reverse Side)

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

3-71-55

MAR 14 1955

PEMISCOT COUNTY HEALTH DEPARTMENT
COURTHOUSE PHONE 79
CARUTHERSVILLE, MO.

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..... *William H. Mays*

Licensed Embalmer No. *464*

P. O. Address..... *Advance*

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.