

FILED APR 7 1955

STANDARD CERTIFICATE OF DEATH

State File No. _____

BIRTH NO. _____ REG. DIST. NO. 248 PRIMARY REG. DIST. NO. 884K Registrar's No. _____

1. PLACE OF DEATH a. COUNTY <u>Newton</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Missouri</u> b. COUNTY <u>Newton</u>	
b. CITY (If outside corporate limits, write RURAL and give town) <u>Rural</u>		c. CITY OR TOWN <u>Seneca</u>	
c. LENGTH OF STAY (in this place) <u>1 year</u>		d. Is Residence within limits of a city or incorporated town? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> <u>930</u>	
d. FULL NAME OF HOSPITAL OR INSTITUTION: <u>4 mi NE of Seneca</u>			
e. STREET ADDRESS (If rural, give location) <u>4 mi NE of Seneca</u>			

3. NAME OF DECEASED (Type or Print)			4. DATE OF DEATH (Month) (Day) (Year)		
a. (First) <u>Claude</u>	b. (Middle) <u>E. Wallace</u>	c. (Last) <u>Green</u>	<u>Mar. 23 '55</u>		

5. SEX <u>M</u>	6. COLOR OR RACE <u>Wht.</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <u>Never mar.</u>	8. DATE OF BIRTH <u>Apr. 4, 1930</u>	9. AGE (In years last birthday) <u>24</u>	10. MONTHS <u>24</u>	11. DAYS <u>24</u>	12. HOURS <u>24</u>	13. MIN. <u>24</u>
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10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>Unemployed</u>	10b. KIND OF BUSINESS OR INDUSTRY _____	11. BIRTHPLACE (City and State or Foreign Country) <u>Picher, Okla.</u>	12. CITIZEN OF WHAT COUNTRY? <u>U.S.A.</u>
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13a. FATHER'S NAME <u>Hubert Green</u>	13b. MOTHER'S MAIDEN NAME <u>Zora D. Johnston</u>	14. NAME OF HUSBAND OR WIFE _____
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15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <u>no</u>	16. SOCIAL SECURITY NO. <u>None</u>	17. INFORMANT'S SIGNATURE OR NAME <u>Hubert Green</u>	ADDRESS <u>Rte 2, Seneca, Mo.</u>
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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.	1. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Chronic Myocarditis</u>		INTERVAL BETWEEN ONSET AND DEATH <u>4 yrs</u>	
	ANTECEDENT CAUSES Morbid conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) <u>Congenital spastic paraplegia</u>			<u>25 yrs</u>
	DUE TO (c) _____			
II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				

19a. DATE OF OPERATION _____	19b. MAJOR FINDINGS OF OPERATION <u>351 X</u>	20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>
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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) _____
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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? _____
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22. I hereby certify that I attended the deceased from July, 1953, to Mar 23, 1955, that I last saw the deceased alive on Nov. 1954 and that death occurred at 9:00 a.m., from the causes and on the date stated above.

23a. SIGNATURE <u>John B. Roberts</u> (Degree or title) <u>D.O.</u>	23b. ADDRESS <u>Seneca 486 Mo.</u>	23c. DATE SIGNED <u>3/25/55</u>
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24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	24b. DATE <u>3-27-55</u>	24c. NAME OF CEMETERY OR CREMATORY <u>Seneca Cem.</u>	24d. LOCATION (City, town, or county) (State) <u>Seneca Missouri</u>
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DATE REC'D BY LOCAL REG. <u>3-28-55</u>	REGISTRAR'S SIGNATURE <u>Mrs Irene Russell</u>	FUNERAL DIRECTOR'S SIGNATURE <u>W E Billie</u>	ADDRESS <u>Seneca Mo</u>
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(Licensed Embalmer's Statement on Reverse Side)

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

RECEIVED

District Health Officer No. NEWTON COUNTY HEALTH UNIT
District File Number 455-164
Date Filed 4-5-55

NEOSHO, MISSOURI

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 W. E. Billson

Licensed Embalmer No. 21

P. O. Address Seneca

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.