

FILED APR 26 1955

THE DIVISION OF HEALTH OF MISSOURI
STANDARD CERTIFICATE OF DEATH

State File No. 14457

BIRTH NO. _____ REG. DIST. NO. 360 PRIMARY REG. DIST. NO. 6225 Registrar's No. 36

1. PLACE OF DEATH a. COUNTY <u>Vernon</u>		2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <u>Mo.</u> b. COUNTY <u>Greene</u>	
b. CITY (If outside corporate limits, write RURAL and give township) OR TOWN <u>Wash Township</u>		c. CITY OR TOWN <u>Springfield</u>	
c. LENGTH OF STAY (in this place) <u>2047m.</u>		d. Is Residence within limits of a city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <u>State Hosp 3 Nevada Mo</u>		No. STREET ADDRESS <u>7298 Campbell Avenue</u>	
3. NAME OF DECEASED (Type or Print) a. (First) <u>LILLIAM</u> b. (Middle) <u>-</u> c. (Last) <u>GREENE</u>		4. DATE OF DEATH (Month) (Day) (Year) <u>April 13, 1955</u>	
5. SEX <u>female</u>	6. COLOR OR RACE <u>white</u>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED, (Specify) <u>divorced</u>	8. DATE OF BIRTH <u>1906</u>
9. AGE (In years last birthday) <u>49</u>		IF UNDER 1 YEAR Months <u>-</u> Days <u>-</u>	IF UNDER 22 HRS. Hours <u>-</u> Min. <u>-</u>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <u>none</u>		10b. KIND OF BUSINESS OR INDUSTRY <u>none</u>	11. BIRTHPLACE (City and State or Foreign Country) <u>Farmington Arkansas</u>
12. CITIZEN OF WHAT COUNTRY? <u>USA</u>		13a. FATHER'S NAME <u>J. T. Greene</u>	
13b. MOTHER'S MAIDEN NAME <u>Belia Gilbert</u>		14. NAME OF HUSBAND OR WIFE <u>unknown</u>	
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>Records State Hosp 3 Nevada Mo.</u>		ADDRESS	
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 I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <u>Coronary Thrombosis</u> ANTECEDENT CAUSES DUE TO (b) <u>Hypertension and</u> DUE TO (c) <u>Arteriosclerosis</u> II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death. <u>Dementia Presen</u>	
INTERVAL BETWEEN ONSET AND DEATH <u>15 minutes</u>		20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
19a. DATE OF OPERATION <u>no</u>		19b. MAJOR FINDINGS OF OPERATION <u>none</u>	
21a. ACCIDENT SUICIDE HOMICIDE (Specify) <u>no</u>		21b. PLACE OF INJURY (e.g., in or 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 <u>Oct</u> , 1939, to <u>April 13</u> , 1955 that I last saw the deceased alive on <u>April 13</u> , 1955, and that death occurred at <u>2:15P</u> m., from the causes and on the date stated above.			
23a. SIGNATURE (Degree or title) <u>Paul H. Caron M.D.</u>		23b. ADDRESS <u>State Hosp 3 Nevada Mo</u>	
23c. DATE SIGNED <u>April 13/55</u>		24a. BURIAL, CREMATION, REMOVAL (Specify) <u>Burial</u>	
24b. DATE <u>4-15-1955</u>		24c. NAME OF CEMETERY OR CREMATORY <u>Marionville Cemetery</u>	
24d. LOCATION (City, town, or county) (State) <u>Marionville Mo.</u>		25. FUNERAL DIRECTOR'S SIGNATURE <u>Ferry</u>	
DATE REC'D BY LOCAL REG. <u>4-18-1955</u>		ADDRESS <u>St. Louis, Mo.</u>	

(Licensed Embalmer's Statement on Reverse Side)

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

No. 300
10.48

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 *H. H. Marmaduke*.....

Licensed Embalmer No. *2070*.....

P. O. Address *Quada*.....

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.